MANITOBA

MINISTER OF HEALTH

Her Honour,
Pearl McGonigal,
Lieutenant-Governor
of the Province of
Manitoba.

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of the Department of Health of the Province of Manitoba for the Calendar Year 1982.

Respectfully submitted,

L. L. Desjardins

Laurent L. Desjardins,
Minister of Health.

MANITOBA

DEPUTY MINISTER OF HEALTH

The Hon. Laurent L. Desjardins,
Minister of Health

Sir:

I have the honour of presenting herewith the Annual Report of the Department of Health of the Province of Manitoba for the Calendar Year 1982.

Your obedient servant,

T. R. Edwards, C.A.
Deputy Minister of Health.

TABLE OF CONTENTS

ADMINISTRATIVE SERVICES DIVISION 2

- Administration and Financial Services Branch 2
- Personnel Management Services Branch 4
- Statistics Branch 6
- Management and Analytical Services Branch 6
- Medical Supplies and Home Care Equipment Branch 7
- Health Education and Professional Development 8

COMMUNITY HEALTH PROGRAMS DIVISION 10

- Communicable Disease Control 10
- Sexually Transmitted Disease Control 15
- Dental Health Services 19
- Public Health Nursing Services 21
- Office of Hearing Conservation 25
- Maternal and Child Health 28
  - Congenital Anomalies Registry 31
- Environmental Health 32
- Home Economics Services 33
- Office of Continuing Care 37
  - Home Care 38
  - Services to Seniors 40

COMMUNITY HEALTH OPERATIONS DIVISION 42

- Regional Operations 42
- Brandon Mental Health Centre 43
- Selkirk Mental Health Centre 49
- Eden Mental Health Centre 54

CHIEF PROVINCIAL PSYCHIATRIST 57

Psychiatric Services 57
Forensic Services 58
Community Psychiatric Services for Children 60
Community Mental Health Directorate 62

PROVINCIAL GERONTOLOGIST 63

RESEARCH AND PLANNING DIRECTORATE 65

STATISTICAL APPENDIX 67

Part 1 Population of Manitoba 72

Part 2 Mental Health Services 73
Section 1 Institutions 73
Section 2 Community Mental Health 76
Section 3 Forensic Services 78

Part 3 Community Health Services 79
Section 1 Public Health Nursing 79
Section 2 Communicable Disease 81
Section 3 Medical Home Care Equipment 87
Section 4 Office of Hearing Conservation 88
Section 5 Home Economics Services 89
Section 6 Dental Services 91

Part 4 Continuing Care 95

PREFACE

The 1982 Annual Report reflects the priorities of the Department of Health in terms of promoting public health and preventative services; an evaluation of our mental health services; a rededication to geriatric services through the naming of a provincial gerontologist; and the establishment of a long-term research and planning division responsible for the activities of both the Department of Health and the Manitoba Health Services Commission. Details of these various departmental thrusts can be found in the body of the report itself.

ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division provides essential support services critical to the maintenance of departmental activities. Included in these services are central financial management and policy development, personnel administration, management reviews, computer services and statistical data analysis.

In addition to providing administrative support to all areas of the department, the division also provides a central resource base related to health education, professional development and distribution of home care equipment and supplies.

The division is also responsible for the development and administration of departmental funding for external health agencies.

The Research Branch, formerly within this division, now functions as part of the newly established Research and Planning Directorate reporting directly to the Deputy Minister.

ADMINISTRATION AND FINANCIAL SERVICES BRANCH

Through central financial planning and coordination, this branch controls the department's financial resources; facilitates the preparation of the department's estimates; provides central accounting services; and administers departmental

funding of external health agencies. Computer development services, the maintenance of existing computerized systems, is also provided by this branch.

The BUDGET SERVICES section coordinates the development of the department's annual estimates, conducts financial analysis and provides financial reports to senior management. During the past year, a commitment reporting system was implemented to enable more uniform and effective financial reporting to provide for greater efficiency in resource utilization.

The payment of accounts, collection of revenue, processing of employee payrolls and monitoring of the department's requirements for space, furnishings, transportation, equipment and communications are provided through the ACCOUNTING SERVICES section. This section also provides the administrative resources necessary for the preparation of claims under federal/provincial cost-sharing agreements to ensure the maximum revenues are obtained.

During 1982, the AGENCY RELATIONS section assumed responsibility for determining appropriate funding conditions and levels for external agencies consistent with provincial and departmental program priorities and fiscal capabilities. The responsibility for negotiating funding support for agencies providing services to senior citizens will be transferred from the Department of Community Services and Corrections effective January 1, 1983.

The COMPUTER SERVICES section provides consultation to departmental management on all matters related to computer

use including identification of management requirements, system alternatives, resource acquisition and cost/benefit analysis. It also is responsible for the development and maintenance of computer programs as well as for providing support to data processing activities. Active computerized systems include the Immunization Monitoring System, the Venereal Disease Control System, the Communicable Disease Registry and the Children's Dental Program Reporting Systems. A Homemaker Payroll System for Winnipeg Region was developed for implementation in January 1983.

PERSONNEL MANAGEMENT SERVICES BRANCH

This branch is accountable for the development, implementation and maintenance of comprehensive personnel management programs including recruitment and selection; job evaluation, classification, and pay administration; employee relations; management training in personnel functions; and departmental personnel policies and standards.

In the latter part of 1982 the Administrative Studies Unit of the branch was transferred to the Management and Analytical Services Branch in order that all analytical services be provided through one branch.

Recruitment and selection activities of the branch continued under the Delegation Agreement with the Civil Service Commission. Audits conducted by the Civil Service Commission

revealed that competitions conducted had complied with the terms set forth under the Delegation Agreement. While individual classification reviews were conducted within the department throughout the year, several classification series reviews were also undertaken. In addition, the branch participated in planning sessions with the Civil Service Commission and the Department of Community Services and Corrections for a comprehensive review of the Health and Social Services Specialist series in 1983.

The branch continued to emphasize effective labour-management relations, providing assistance to managers in employee-employer relations and employee counselling services. Over the course of the year, the branch implemented a pilot project to monitor the use of casual related sick leave; this initiative has resulted in a significant reduction in sick leave utilization and consequent gains in productivity while at the same time identifying resources to assist those employees with legitimate health problems. The branch provided support in the collective bargaining process through negotiation and arbitration stages.

Management and supervisory seminars in the areas of recruitment and selection, performance evaluation, and early problem identification were conducted by the branch with over 150 participants trained.

STATISTICS BRANCH

This branch provides statistical analyses of data which assists in the evaluation and forecasting of program activities. It is also responsible for data accreditation and preparing quarterly statistical bulletins and annual population reports. An automated statistical reporting system for the Public Health Nursing Directorate was implemented and revised methods for determining health region population estimates were developed in collaboration with the Manitoba Health Services Commission. The seventh update of the Maternal and Child Care Vital Statistics was released in October 1982.

MANAGEMENT AND ANALYTICAL SERVICES BRANCH

The branch provides comprehensive operational reviews to assist management in improving economy, efficiency and effectiveness. This function includes two aspects: broad management reviews; and detailed system reviews.

Broad management reviews include the examination of operational and financial systems to assist management in the identification of potential operational changes that will contribute to the economy or efficiency of the unit under review.

Detailed systems reviews include the examination of manual and computerized systems from an administrative studies

viewpoint. The scope of these projects range from basic forms design to the development of large automated support systems. These projects are conducted by the ADMINISTRATIVE STUDIES UNIT which became part of this branch in October of 1982 to provide analytical services from a single branch.

MEDICAL SUPPLIES AND HOME CARE EQUIPMENT BRANCH

This branch is responsible for the acquisition, warehousing and distribution of medical supplies and home care equipment. The equipment and supplies are provided, in support of the provincial home care program, to help facilitate patient home care, thereby reducing extended hospital stays.

During 1982 the branch reviewed its delivery practices for rural areas. As a result of this review economies have been realized by adjusting packaging to meet current postal regulations and by further utilizing the postal service for rural deliveries.

As a result of rising equipment costs and supply shortages, the Selkirk Training Plant which is operated under the Department of Labour and Manpower, was approached to determine the feasibility of having equipment manufactured at the plant. Several pieces of equipment are now being manufactured at the plant with considerable savings being realized.

With the assistance of systems personnel, the branch has been preparing the ground work for computerization. Implementation of an automated system is expected in the near future.

The Respiratory Support Systems Program has been expanded to meet the requirements of all citizens of Manitoba whose need for oxygen has been diagnosed through blood gas analysis. Substantial cost savings have been realized for individuals where high pressure oxygen was previously prescribed.

HEALTH EDUCATION AND PROFESSIONAL DEVELOPMENT

This branch is responsible for the provision of health education resource and consultation services to government departments as well as educational and health related agencies. Beyond this, the branch is also responsible for the development and delivery of departmental management training and professional development.

In the past year, special emphasis was placed on smoking and health with the promotion of a televised smoking cessation program entitled "Time to Quit". A joint effort of provincial, federal and voluntary health agencies, this program is viewed as a pilot for similar efforts across Canada.

The branch has actively participated as a member of Agencies for School Health, a cooperative health education group. A major activity of this group has been the production of ten half-hour television programs on "Health for Youth".

A study into the feasibility of developing an adolescent health clinic in a Winnipeg school has been undertaken. A special effort is also being put into the development of cooperative groups in support of maternal and child health.

In the provision of technical and educational resource services, the branch maintains a professional library service and a complete health film and publication service. In addition, a graphic design section provides art design services for original publications produced by the department.

Efforts for 1983 will focus on smoking and health, as well as maternal and child health. With maternal and child health the emphasis will continue to be on cooperation with other public, voluntary and private agencies.

COMMUNITY HEALTH PROGRAMS DIVISION

This division provides support services for the programs of the department as delivered by the regional offices of the Department of Health and the Department of Community Services and Corrections.

Each of the field programs is represented at the divisional level by a program directorate which provides for program development, standard setting and monitoring services for regional program delivery.

In addition, central program directorates provide staff training services relative to the specific program.

COMMUNICABLE DISEASE CONTROL

The major activity of this section is to provide for the control of communicable diseases in Manitoba. This is accomplished by a combination of surveillance and reporting as well as prevention of these diseases. Diseases of public health significance are reported by health care personnel to this section so that appropriate action can be taken to identify the source and limit spread of the disease. These reports also become part of provincial, national and international statistics, and, as such, a part of the ongoing global surveillance of disease. Active and passive immunization are important

primary and secondary measures utilized to prevent disease, and the rheumatic fever program provides for tertiary prevention of this particular disease.

The Life Saving Drug Program is also a part of this section.

Tropical Diseases

Five cases of malaria were reported, all due to Plasmodium vivax infections acquired in Asia. Carriers of amebiasis may be difficult to distinguish from cases, but 21 cases were reported during the year - many were associated with travel outside Canada. There was one case of leprosy reported.

Hepatitis

Hepatitis A. A number of community outbreaks occurred with a total of 183 cases being reported. The relatively new IgM - Hepatitis A antibody test allows us to make a rapid early diagnosis of Hepatitis A and thus to provide for prompt prophylaxis of contacts.

Hepatitis B. Seventeen of the 49 cases reported during this year were associated with a common source exposure. Hepatitis B immune globulin can be used in selected instances to prevent Hepatitis B.

Western Equine Encephalitis (WEE)

In 1981 there was a much publicized epidemic of WEE in Manitoba. During 1982 there was intensive evaluation of the epidemic and the measures taken to control it. An invitational

workshop was held with professional staff from Manitoba, professional staff from other jurisdictions, e.g. neighbouring provinces and states and international experts from Canada and the U.S.A. being involved. High praise was given to the organization of the monitoring program, several suggestions were made for improvements of technical aspects, most of which were implemented in the 1982 season.

The Minister responsible for the Environment called for the Clean Environment Commission to hold public hearings on the subject of Mosquito Control, including the Emergency Program for WEE. In addition to extensive presentations from the general public, experts and participants in our own program were invited to address the Commission. Once again the Monitoring Program was strongly endorsed as to its surveillance methods and its promotion of personal responsibility for protection against mosquitoes.

The Commission recommended stable funding, increased research into the source of WEE and improved methods of control, including alternatives to spraying.

The effectiveness of the monitoring system was proven once again in 1982, when an early horse case of WEE was diagnosed, record numbers of mosquitoes were trapped and also record numbers of Culex tarsalis. These apparently alarming indications were carefully assessed, but since there was no WEE virus identified no warnings were issued and a non-epidemic year was accurately "predicted".

Legionnaires' Disease

Last year improved diagnostic criteria for Legionnaires' Disease were described, and by these criteria it has again been shown that several people have antibodies to apparently old infection but only a few have acute disease. Five reported cases have been confirmed and a similar number of other suspect cases are under further investigation.

Rabies

In 1981 a cooperative multi-agency skunk trapping program was organized in the City of Winnipeg. This was continued until the fall of 1982. It was then suspended after completing its purpose. No single case of rabies occurred in a pet or in a human resident of Winnipeg. An extra effort was made to improve pet immunization and dog control. This program was a major success in preventive medicine.

Fewer rabid animals were identified by the Federal Health of Animals Bureau in 1982 than in 1981. However more people were immunized this year than last due to two incidents. In one a litter with two rabid pups (potentially) involved 43 people. In the other a rabid cow exposed 8 people.

Influenza

Influenza B caused outbreaks in the late winter of 1981-82 and Influenza A/Bangkok/79-like virus was the cause of the outbreak in early winter 1982-83.

Tuberculosis

The incidence of Tuberculosis remained approximately at the same level as in 1981.

Immunization

The department has adopted a policy of Measles elimination. It requires increased emphasis on immunization, accurate diagnosis of cases and containment of outbreaks. The immunization program is being modified. The Public Health Nursing Directorate reports that immunization for Diphtheria, Whooping Cough, Tetanus and Polio has reached levels from 84 to 93 percent in different preschool age groups, with Measles at 86 to 91 percent and Mumps 72 to 83 percent. While these levels are good, they can and should be improved. New programs being introduced should accomplish this objective.

Rubella was epidemic in Manitoba in 1982. One case of Congenital Rubella, born in 1981, was reported in 1982 and one woman who had Rubella during pregnancy delivered an apparently normal infant. This baby is being followed. Changes in immunization policy to include the Measles, Mumps and Rubella Vaccine in infancy are expected to reduce the occurrence of epidemics in the future. In the past only 11-12 year old girls have been immunized against Rubella.

A standardized policy for immunization of Health personnel was prepared.

The Computerized Immunization Program was consolidated at the pilot project level during 1982, in one urban and one

rural region.

An outbreak of food poisoning in a personal care home was investigated epidemiologically. The probable cause of the problem was identified by cooperation of the staff of the home, the Public Health Inspector, Food Control and the Provincial Epidemiologist.

Salmonellosis

Surveillance for salmonella infections is aimed primarily at identifying cases that might be related to food poisoning. Of the 197 cases reported during this year, six cases of Salmonella New Brunswick were associated with contaminated smoked fish.

SEXUALLY TRANSMITTED DISEASE CONTROL

The prime objective of the Sexually Transmitted Disease Control Program in Manitoba is to reduce the incidence and prevalence of sexually transmitted diseases (S.T.D.). Gonorrhoea, syphilis and chancroid are among the major sexually transmitted diseases required to be reported to the S.T.D. Control Directorate. In the last year the S.T.D. Directorate became involved in the monitoring and follow-up of sexually transmitted infections caused by Chlamydia trachomatis and Herpes simplex virus.

The major activities of the Sexually Transmitted Disease Control Directorate include:

1. Development and Monitoring of Program Standards and Guidelines

In order to effectively control sexually transmitted diseases, a consistent cohesive approach to total management is essential. The S.T.D. Control Office assesses each report received to ensure that the management of patients and their contacts has met the program standards.

2. Maintenance of a Central Registry

The Central Registry allows the tabulation of statistics, identification of high-risk groups and provides important data necessary for program planning. The total number of laboratory-confirmed reported cases of gonorrhoea for 1982 was 4,608 compared to 4,671 in 1981. One case of penicillinase-producing Neisseria gonorrhoea was identified. Epidemiological investigation identified the source of this infection to have been West Africa.

A total of 1,260 positive syphilis serologic reports were received from the Cadham Provincial Laboratory. Of these, 266 individuals were not known to the directorate and required indepth investigation to rule out the possibility of infectious disease. There were 13 cases of infectious syphilis reported in 1982 compared to 24 in 1981.

One case of chancroid was laboratory-confirmed and reported in 1982. Careful investigation found no further cases and it was concluded that this infection originated in East Africa.

3. Education

Updates for professionals on the management of sexually transmitted diseases remains an important activity. Total management of cases and contacts requires the combined efforts of physicians, nurses, and laboratory technologists. Lectures on the management of the major sexually transmitted diseases were provided to 450 student nurses and 123 postgraduate nurses. Six courses prepared 48 community and institution nurses in the advanced methods of patient interviewing and contact tracing. Forty-five community nurses employed by Health and Welfare Canada, Manitoba Region, were oriented to the Sexually Transmitted Disease Control Program.

The directorate continues to work closely with the Health Education and Professional Development Branch in developing and promoting public education.

4. New Programs

A key factor in disease control is to provide positive laboratory results to the physician in the shortest period of time. In order to meet this goal, a joint program involving the Cadham Provincial Laboratory and this directorate was initiated in February. Each day the Cadham

Provincial Laboratory telephones positive gonorrhoea test results to this Control Office. A nurse at the Control Office calls the attending physician the same day to: (1) relay the positive test results, (2) collect pertinent data, (3) provide information when required, and (4) promote the follow-up of sexual partners. This program has definitely assisted the physician and in most instances has hastened the physician's reporting of cases. Repeated communication with physicians initiated by this office appears to have had a positive effect, i.e. there were 118 laboratory-confirmed tests for gonorrhoea not reported to the Control Office by physicians in 1982 compared to 233 not reported in the previous year.

In July of 1982 this office began a monitoring program to better assess the frequency and significance of sexually transmitted infections caused by Chlamydia trachomatis and Herpes simplex virus. This program is conducted in a manner similar to that just described. From July 5 to December 30, 1982, 506 Chlamydia trachomatis isolates and 295 Herpes simplex virus isolates (from genital lesions) have been identified by Cadham Provincial Laboratory and monitored by this Control Office. In comparison, in 1981 Cadham Provincial Laboratory reported a year's total of 130 positive cultures for Chlamydia trachomatis and 220 positive Herpes simplex virus cultures taken from patients with clinically suspected genital herpes infection.

The major activities as outlined will continue throughout 1983. In addition, the directorate plans to implement a concentrated effort to identify, counsel and follow-up individuals who have had repeated infections. By so doing it is hoped that a major reservoir of infection will be identified as well as the pattern of its spread. This information is crucial for cost-effective program planning.

DENTAL HEALTH SERVICES

The goal of Dental Health Services is to work toward improved dental health for all Manitobans. In achieving this goal, four major activities are undertaken: dental treatment, utilization of effective dental public health measures, dental health promotion and education, and studies of dental health problems.

Dental programs for the province are coordinated through a central office, with activities channelled through regional offices, based on geographic boundaries of health regions and school divisions.

The department continues to maintain two modes of dental treatment delivery systems under the Children's Dental Program. The Department of Health covers 17 school divisions and the Manitoba Dental Association, 12 school divisions. There has been no geographic expansion of the program over the past two years. The number of eligible children has been increased

annually through the addition of the new six-year-old age group in the 29 rural school divisions covered, and the remote, special and revenue schools. The patient load is distributed almost equally between the two programs.

Children born in 1969 to 1976 inclusive (six to thirteen year olds) were eligible for dental treatment. The Manitoba Dental Association administers the private practice mode.

The utilization rate of those children eligible for dental treatment is slightly higher in the school-based dental-nurse program. The actual number of children treated attending schools in the program could be slightly higher as some parents may elect to have their children treated privately by their family dentist.

Data on the Children's Dental Program is included as part of the Statistical Appendix.

St. Amant Centre, the Swampy Cree Tribal Council and the Churchill Dental Health Centre received grants to assist in the provision of dental treatment to their clients during the year. A grant was made available to the College of Dentistry, University of Manitoba, to maintain and operate a dental treatment clinic established in 1981 for Manitobans who are identified as carriers of an infectious disease requiring special dental treatment facilities. Patients may be referred by a practitioner or personally seek the use of these facilities.

A trial project involving senior citizens is still underway in Eastman Region. This includes dental health education

and counselling, oral screening of staff and residents of personal care homes and day centres, notification of those screened and referral where necessary.

Discussion continued during the year with the Manitoba Dental Association and other dental auxiliary groups with regard to proposed expansion of the Children's Dental Program.

PUBLIC HEALTH NURSING SERVICES

Public health nurses throughout Manitoba have contact with a wide spectrum of the population through a range of services including maternal, infant/preschool, school, adult and communicable disease. Prevention of illness, early recognition of symptoms and problems, and health promotion continue to be the major thrust of the public health nursing program and there are indications of increased awareness and support from the department as well as the public. The Public Health Nursing Directorate has responsibility for program direction and standards, including staff development. Generalized and nursing specialist consultation services have been provided on a regular basis to all regions during 1982.

The maternal and child health program is a high priority. Expectant parent classes are held in all regions of the province. There were 270 series (six to eight classes per series) held in 1982, with 2,525 women and 2,285 partners attending. During these classes, couples are prepared for the

changes and necessary adaptations to pregnancy and parenting. For those couples or women who cannot attend classes, public health nurses continue to provide prenatal services in the home.

Expectant parent classes for single women, including teenagers, are offered in Winnipeg, Brandon and Thompson Regions, in collaboration with social workers and nutritionists. Other classes/groups such as postpartum, breast-feeding, adoptive parents and parenting are also being offered, but on a more limited basis.

Family planning clinics at St. Boniface District Office and Brandon Regional Office provide information, counselling and/or guidance regarding family planning. Physicians are available for physical examinations and for family planning in St. Boniface and Brandon. Public health nurses also provide family planning information and counselling to families in their homes.

Of all new mothers and infants in Manitoba, approximately 89 percent had visits from a public health nurse and 72 percent were visited within 14 days of discharge from hospital. Further visits are planned according to need as identified by the family and the public health nurse.

Child Health Clinics continue to be held in all regions. At these clinics parents receive anticipatory guidance regarding all aspects of infant and preschooler's growth and development. Immunization is also provided.

Public health nurses assessed 2,479 three-year-olds by way of the three-year-old health assessment program. During these assessments, children receive a physical assessment, vision and hearing screening tests, Denver Developmental Screening Test. A health history is obtained from the parent(s) and information, counselling and guidance is provided as needed. Referrals to physicians and other professionals are made at this time, if required. A study on the process of outcomes and standards of this program has been completed and the results are now being collated.

Public health nursing services in the schools during 1981-82 were assessed by central office staff in relation to the stated objectives and standards. Promoting the health and well-being of students in the school community is basic to the public health nursing role.

During 1981-82, public health nurses were involved in 962 presentations to students at various grade levels:

Topic	Number of Presentations	Total Attendance
Lifestyles	60	1,691
Breast Self-Examination	89	2,646
Growth and Development and Human Sexuality	383	10,286
Other, including scoliosis, immunization, communicable disease, nutrition, dental hygiene and health related topics	430	13,124

Staff from Winnipeg Region and the Public Health Nursing Directorate were actively involved in the production of a

television program, depicting public health nursing services in the schools. This is part of a series of programs developed by "Agencies for School Health" in collaboration with the Faculty of Education of the University of Manitoba. The series is to be televised in 1983.

Work on the development of a new statistical system for collection of data on public health nursing activities was completed in 1982 and orientation sessions were held in all regions in November and December. The system became operational on December 20, 1982.

Winnipeg Region, with assistance from the Public Health Nursing Directorate, is planning a project for early 1983 which will examine the effectiveness of teaching breast self-examination to female adolescent high school students by public health nurses. The project will evaluate changes in the students' behavior and knowledge and will describe changes in beliefs and attitudes about breast self-examination, following a standardized presentation in two Winnipeg Region high schools.

A Maternal and Newborn Follow-up Survey was done in Winnipeg Region during November, 1982. The objective was to collect data related to possible delays in public health nursing visits to mothers and newborns. The results of this survey will be collated early in 1983.

One provincial inservice was held in 1982, the topic being Implications of Community and Family Dynamics for Public Health Nursing. In order to facilitate the attendance of as

many nurses as possible, the program was offered in both Winnipeg and Dauphin. One orientation seminar was held for new staff. Workshops were held in specific regions on various topics including expectant parent classes, special needs of postpartum women discharged early from hospital, accountability and the nursing process (three regions) as well as the effective use of teaching methods.

As in other years, the Public Health Nursing Directorate, in conjunction with the regions, has facilitated the community field practice for student nurses from the University of Manitoba (undergraduate and graduate students), Brandon General Hospital, the Grace Hospital and Red River Community College.

OFFICE OF HEARING CONSERVATION

The Office of Hearing Conservation is responsible for the development and implementation of hearing screening, diagnostic assessments, and (re)habilitative audiology services in the health regions. The objectives of this program include the prevention of hearing impairment when possible, its early identification, the initiation of appropriate rehabilitative procedures, and research into techniques and methods designed to achieve these goals.

The focus of developmental activity has been in rural Manitoba wherein each health region now has a regional hearing centre. Each hearing centre is equipped with diagnostic test

instruments for assessing hearing sensitivity and the performance of hearing aids. Sufficient portable equipment is available at each centre for conducting basic hearing tests at locations other than the permanent facility. Each centre is staffed by a professional audiologist and in some regions, an audiometrist is employed to assist the audiologist with the hearing program.

Activities of the Office of Hearing Conservation can be grouped into four general categories: clinical, educational, administration and research.

1. Clinical: The major clinical activity of this program has been the organization of hearing screening services and diagnostic assessments for all age groups. Emphasis, however, has been placed on services for children. In total, 52,947 screenings or diagnostic assessments were conducted in 1981-82 and 58 ear, nose and throat clinics were held in various locations throughout the province.

   A Mobile Hearing Van provided services in the Interlake, Eastman and Central Regions. In late 1981 it was located in Steinbach and served as a diagnostic facility for the southern portion of Eastman Region.

2. Educational: The third annual industrial audiometric technicians course was organized by the Office of Hearing Conservation and was attended by 23 representatives from various industries throughout the province.

Lectures on hearing, hearing impairment, and hearing aids were given to university students in special education, engineering, medicine and to various community groups including physicians, occupational health nurses, and the general public.

A video tape on infant and preschool hearing screening techniques has been partially completed and will be used for training individuals to conduct basic hearing tests.

3. Administration: Two additional hearing centres were developed this year: one in the Interlake Region (Selkirk) and one at Seven Oaks Hospital. Planning meetings were held with representatives from the Child Guidance Clinic, Winnipeg School Division Number One and the Department of Health to discuss the gradual integration of audiological services in Winnipeg Region over the next few years.

An additional audiologist was employed to begin planning and implementing services in the west quadrant of Winnipeg Region. An electronics technician was also hired to service equipment throughout the province used in the hearing program.

The Benevolent and Protective Order of Elks and their auxiliary, the Order of the Royal Purple, contributed an additional $5,000 to expand the hearing aid bank that was developed in 1981. The hearing aid bank allows regional audiologists to lend hearing aids to hearing impaired

children to determine, by trial, if amplification is beneficial. If so, a hearing aid is recommended and obtained through regular outlets.

The Office of Hearing Conservation continues to serve as an adviser to the Workplace Safety and Health Division for the development of a regulation on noise control and industrial hearing conservation.

4. Research: The Office of Hearing Conservation continues to work with a physician/acupuncturist to determine the efficacy of acupuncture as a treatment for sensori-neural hearing impairment.

An article entitled "A study of the recommended pass/fail criteria for impedance audiometry in a school screening program" was published in the Journal of Otolaryngology.

Studies to be designed and completed in 1983 include: (1) The Manitoba Infant High Risk Program; (2) Central Auditory Processing: Test Battery Validation; and (3) Tympanometry in a school screening program: validation of screening instruments.

MATERNAL AND CHILD HEALTH

The Directorate of Maternal and Child Health was established as a separate branch on October 1, 1982, on the recommendation of the final report of the Community Task Force

on Maternal and Child Health tabled to the Minister of Health in June, 1982. A full-time director was appointed and the Registry for Congenital Anomalies was transferred to the new directorate.

The director has reviewed programs recently established, or about to be established, pertaining to improvements in maternal and child health care. He has been appointed a member of these committees:

1. Adolescent Pregnancy Network: Sponsor: Maternal and Child Health Coalition. This committee functions primarily in the education field, and is designed to identify and counsel the pregnant adolescent throughout the pregnancy in nutrition, education and maternity care. The prevention of pregnancy by sex education for both sexes, and the postpartum follow-up of the girl and the baby are two other concerns of this committee.
2. Prenatal and Parenting Network. Sponsor: Department of Health. Many prenatal and parenting classes are provided by private individuals not connected with public health administration. This network will involve them and provide resource material and assistance.
3. 'Healthy Mothers, Healthy Babies'. A program designed to improve maternal and newborn care in the central core of Winnipeg, an area of high perinatal mortality. Sponsor: Social Planning Council of Winnipeg.
4. A pilot program of Public Health Nursing for immediate follow-up of 48-hour postnatal discharge of mothers and

babies, and an antepartum discharge program of high-risk mothers. Sponsor: St. Boniface Hospital and Public Health Nursing Directorate.

5. An Outreach Program from the Fetal Assessment Unit of the Health Sciences Centre and St. Boniface Hospital (a combined unit), which will extend Real-time Ultrasound with fetal assessment by trained nurses to rural areas. Sponsor: Department of Obstetrics and Gynecology and Reproductive Sciences, University of Manitoba, and the Perinatal and Maternal Welfare Committee of the College of Physicians and Surgeons of Manitoba.
6. Neonatal Transport Program. Sponsor: University Perinatal Program Committee, and Child Health Committee of Manitoba Medical Association. Early in the new year meetings will be held with Manitoba Association of Registered Nurses regarding the establishment of a high risk obstetrical nursing training program for obstetric nurses in rural hospitals.

An Advisory Committee to the Directorate is to be established soon.

Other programs relating to public health education as it relates to Maternal and Child Health are being planned. Support for pending legislation requiring infant car restraint devices is being provided. The continued improvement of maternal and perinatal services for the Native population has been discussed with the Northern Medical Unit of the University of Manitoba.

A program for visiting hospitals and medical staff outside of Winnipeg that provide obstetrical care has begun. Thompson and Brandon Hospitals have been visited and problems discussed with the doctors, nurses, administrators of the hospitals, and the regional public health nurses. The Manitoba Medical Association has cooperated in this endeavour by publishing a statement in the Inter Comm of December 22, 1982.

The director attended the Fourth Annual Symposium on the 'Prevention of Handicapping Conditions of Prenatal and Perinatal Origin' at the Health Sciences Centre, University of Calgary on December 1st-3rd. Plenary sessions and participating discussion periods were held.

As President of the North American Gynecological Society the director attended meetings in Denver and had the opportunity to review programs for maternal and newborn care with the Professor and Chairman of the Department of Obstetrics and Gynecology of the University of Colorado.

Congenital Anomalies Registry

The activities of the Congenital Anomalies Registry have continued as usual during the year (i.e. ascertainment, recording, scrutiny). For 1981, 1,102 cases with 1,596 anomalies were reported.

Several enquiries from other jurisdictions regarding the Registry have been received.

In May, the Registrar attended the National Surveillance

System Bi-Annual meetings in Ottawa. Problems of standardization of data collection, use of standard nomenclature, and ICD9 limitations were discussed.

The directorate is presently participating in the Department of Genetics, University of Manitoba study on periconceptional vitamin supplementation on neural tube defects. This is a Canada-wide project in conjunction with the Canadian College of Medical Geneticists and involves sending out letters and questionnaires to physicians of patients who have had an affected child. The recurrence rate for neural tube defects is five percent but studies done in England show a recurrence rate of 0.6 percent in fully supplemented mothers. It will be interesting to see if this is borne out in the Canadian study.

ENVIRONMENTAL HEALTH

As part of the development of the Environmental Health Program, a variety of educational experiences undertaken by the director will enable the department to take advantage of the most recent research and technology in the field of environmental health.

Early in the year there was considerable activity in connection with Alcan's proposal to establish a refinery in Manitoba.

The director attended a number of Clean Environment

Commission hearings in Winnipeg, Dauphin, Brandon and Thompson. These included those hearings concerning the use of Baygon against mosquitoes.

As a member of the Agricultural Chemical Committee and its relative the Transportation of Dangerous Goods Committee, the director has reviewed proposed legislation concerned with hazardous substances.

The director serves on a number of ad hoc committees on Radiation Protection, Red River Water Quality, Food-borne disease, Beekeepers Compensation Committee, a working group for the Task Force on the Amalgamation of Provincial and City of Winnipeg Health Services, and most notably the Health and Environment Review Committee (HERC).

HERC was established to examine environmental health issues that affected both the Environmental Management Division and the Department of Health, and to recommend actions that would ensure free communication. HERC completed its final report in December and its recommendations are under study by senior management.

HOME ECONOMICS SERVICES

The Home Economics Directorate, Department of Health, coordinates the home economics services in Manitoba with field delivery provided by home economists in the Departments of Health and Agriculture. Major target groups for preventive

and remedial nutrition education, money management and related consumer and homemaking skills include the low income, young families and farm families.

Nutritional education focuses on programs to help Manitobans improve and maintain food habits to attain optimum nutritional status. Pregnant women continue to be the focus of preventive nutrition programs and are taught the importance of good nutrition and appropriate weight gain for optimum health of mother and baby by attending the nutrition segment of public health prenatal classes. In Winnipeg Region, women at high risk, identified through a nutritional assessment questionnaire distributed at classes are provided with individual nutrition counselling. In 1982, the objectives for prenatal nutrition classes were revised and the nutrition segments of prenatal classes are being evaluated to demonstrate their validity.

Newsletters to pregnant women who do not attend prenatal classes, and all day prenatal classes in remote areas are two approaches staff used to reach more clientele. In cooperation with public health nurses and other team members, home economists have provided nutrition/prenatal classes for pregnant adolescents.

The total provincial nutrition program for 1982 reached 30,889 people.

Home economists continued to place emphasis on money management programs to provide Manitobans with the knowledge

and skills they require in planning and controlling their finances in order to cope with the present economic situation. One-to-one financial counselling for help with budgets and financial crisis has increased. Many people are referring themselves to the home economist for help. Other referrals are from departmental staff, income security, legal aid, bankruptcy, and outpatient departments. Young and/or newly married couples attend premarriage classes to equip themselves with financial information to help them live within their means. The Budget Guide, a resource to aid staff in financial management to help them calculate the cost of living was developed in 1982.

Adolescent parents have benefitted from attending courses called "Bringing Up Baby on a Budget" revised by the directorate in 1982, that includes information on buying food, clothing and toys to meet the child's needs and mother's budget. The number of people receiving financial management information and assistance in 1982 was 4,869.

The clothing and housing programs relate very closely to money management since they are designed to help people maximize their income to meet rising costs. Providing information on making wise clothing purchases and the proper care and maintenance of garments to maximize the wear life must continue. A total of 4,593 people were reached with information on clothing construction, buymanship and care.

Rising costs of housing and home maintenance forces people to be conscious of their housing dollars. Energy conservation

received a major emphasis in the housing area reflecting the concern for rising utility costs.

A total of 2,883 Manitobans received information on home maintenance, improvement, energy conservation and housing alternatives.

The Home Economics Volunteer program has continued to complement and extend home economics services in Winnipeg. Fifty-nine home economics volunteers worked in a total of 102 projects involving 1,775 hours and reaching 1,658 individuals. Volunteers have worked in such priority programs as: prenatal risk assessments and baby budget courses for single mothers. Information on nutrition and money management was provided to community groups. Twelve training sessions were provided for volunteers.

The Home Economics Directorate is responsible for program direction, planning and evaluation; resource development, and training of home economics staff. As well, it acts as a resource to other directorates and agencies in matters pertaining to home economics.

Two provincial workshops for home economics staff were conducted in 1982. The May workshop presented program sharing, program planning and a seminar on the best methods for working with low income clientele. The December workshop featured a seminar on Marketing of home economics programs and financial counselling training - assessment and alternatives.

Newsletters and news columns providing support to home

economics staff, public health nurses, day care workers, school teachers, seniors, group home providers, trades people, volunteers and per diems continue to receive wide circulation.

A federal/provincial cost shared native nutrition project is in progress. The project is researching the appropriate methods in teaching young native families about nutrition and will provide guidelines for developing the resources.

The Resource Centre is the central distribution point for all home economics publications and audio-visual aids used by home economists, public health nurses, school teachers, hospitals and the general public. In the past year, there were 5,402 bookings for films, package programs, courses and kits utilized in educational programs, and 311,756 publications were distributed.

OFFICE OF CONTINUING CARE

The Office of Continuing Care is the program directorate responsible for the home care program, the assessment for placement into personal care homes and the Services to Seniors Program.

The directorate is responsible for program direction and management including establishing and maintaining standards,

program monitoring and evaluation, staff development and liaison with other components of the health care system.

Actual program delivery for home care takes place in rural areas through departmental regional offices and sub-offices, and designated health centres, and in Winnipeg through the departmental area offices, the Victorian Order of Nurses, and home care departments in the major hospitals.

The Services to Seniors Program is also delivered throughout the province by the regional offices of the Department of Community Services and Corrections.

Home Care

The Home Care Program continues to provide an alternative to institutional care by assisting individuals who require service in order to remain at home. The program also provides respite and support services to families who are providing care.

In 1982 there were no new program directions but a limited expansion in two existing areas; the home oxygen therapy program and support to FOKUS UNITS. The Home Oxygen Program makes it possible for those who require oxygen therapy and who meet established medical criteria to remain at home. In 1982 this program was extended to the rural areas with the orientation of staff and the designated physicians in the regions.

The Continuing Care Program continued to support the concept of independent living for the physically disabled.

Homemaking, personal care and orderly services were provided to the members of the FOKUS I and FOKUS II groups who live in the community in specially modified apartments. In 1982 a new project, FOKUS III, became operational with support services provided by Home Care.

During the year, program staff continued to work with the Manitoba Health Services Commission to develop adult day care and respite care in personal care homes.

Program statistics for 1982 indicate that increasing numbers of people require care in order to stay in the community. Increased numbers of people were receiving nursing, auxiliary, therapy, homemaking and personal care.

In 1982, 9,687 persons were admitted to the program compared to 9,212 in 1981. Without the availability of Home Care 16 percent of those admitted would have been listed to personal care home placement, 40 percent would have had to remain in hospital, and 44 percent would have been in the community without appropriate care.

The number of persons discharged from the program was 8,697 compared to 8,767 in 1981. Of those discharged, 23 percent were placed in a personal care home or admitted to hospital; 38 percent improved and no longer needed home care; 17 percent were improved to the extent that their care could be managed personally or by family and 17 percent were deceased.

The Home Care Program has recruited and provided part-time community employment for professionals and para-professionals.

In a typical month, some 2,064 persons are employed part-time to deliver homemaking and personal care services. In addition, 189 registered nurses, 85 licensed practical nurses and 200 home care attendants provide nursing and personal care services. Therapy services are provided through Community Therapy Services of Manitoba. In 1982, the program continued to benefit from the contribution of volunteers who provide such services as meal delivery and friendly visiting.

Personal Care Home Placement

For some individuals, the most appropriate care alternative is placement in a personal care home. Placement continues to be made on the basis of need. The number of persons on the waiting list for placement in 1982 in the rural areas declined for the third straight year while the number of people waiting in Winnipeg returned to the 1980 level after declining substantially in 1981. The number waiting placement in acute and non-acute hospitals in Winnipeg continued to decline.

Services to Seniors

Services to Seniors is a community and organization development service working with seniors and others to improve opportunities and resources for a more satisfying retirement.

The effort to expand the number of multi-service senior centres in rural Manitoba continues. Local discussion groups exist in Winkler, Dauphin and Portage la Prairie for the

purpose of exploring the concept, and the local resources available to support a senior centre. Winkler expects to become operational in 1983.

Along with concentration on multi-service senior centre development, regional specialists have been devoting major efforts on new emerging seniors' organizations (e.g. Anola, Carberry, Selkirk Volunteer Centre, etc.). Regional senior citizen councils continued to get close consultation on organizational process as well as with the process of exploring issues and the articulation of positions. In this year 87 seniors' organizations received consultation services. In addition two seniors program planning workshops and two leadership workshops were conducted.

In the realm of public education, a senior high school course was given in Swan River on Aging. Services to Seniors also participated with booths and poster displays during Manitoba Seniors Week (June) and the annual conference of the Canadian Association on Gerontology (November).

Active liaison was maintained with the New Horizons program of National Health and Welfare as well as with all provincially supported agencies that serve the well-elderly. This year also saw the transfer of provincial funding of these agencies from the Department of Community Services and Corrections to the Department of Health.

In 1982 Services to Seniors reached some 5,100 persons directly and indirectly and averaged 38 field contacts with seniors' organizations per month.

COMMUNITY HEALTH OPERATIONS DIVISION

This division is responsible for the administration of community health programs through eight regional offices strategically located throughout the province. Each of these regions is managed by a Regional Director, who is responsible for delivery of the field programs of the Department of Community Services and Corrections as well as those of the Department of Health.

The Community Health Operations Division is also responsible for the operational management of the Brandon and Selkirk Mental Health Centres.

REGIONAL OPERATIONS

Regional offices in Manitoba provide a wide range of health and social services. Services include: Medical Public Health, Public Health Nursing, Continuing Care, Services to the Well Elderly, Child Welfare, Family Counselling, Home Economics, Health Education, Dental Health, Community Mental Health, Community Mental Retardation and Rehabilitative Services. Other regional service delivery programs include Income Security, Day Care and Probation Services.

These services are delivered by a multidisciplinary staff from eight regional offices. The regions conform to the following geographic outline: Winnipeg, Eastman, Interlake, Parklands, Central, Westman, Norman and Thompson.

Regional Directors are accountable for administration and service provision to the Executive Director of Regional Operations. The latter reports to the Assistant Deputy Minister, Community Health Operations, and the Deputy Minister of Community Services and Corrections.

Regional staff are supported by central program directorates comprised of specialists who evaluate services, provide professional consultation, program consulting services, program planning and standards development services and professional staff development services.

Dental Services maintains central program development combined with responsibility for the actual delivery of dental service throughout the province. These services include a comprehensive preventive program and Children's Dental Services in rural Manitoba. The Children's Dental Program includes children from six to 13 years of age.

BRANDON MENTAL HEALTH CENTRE

Brandon Mental Health Centre provides a broad spectrum of mental health services to a catchment area of approximately 210,000 residents in the Westman, Parklands, and western half of Central Regions. These services include residential treatment and care for acute, medium- and long-stay patients, plus day care, partial hospitalization, and aftercare programs. Outpatient services for children and adults are also provided

by staff located at the centre itself, in offices at the Provincial Government Building in downtown Brandon, and via Brandon Mental Health Centre travelling clinics to points in the outlying communities.

There are development plans for improving patient care facilities which will help to relieve crowded conditions on some of our wards and will incorporate features compatible with contemporary treatment approaches.

After the closure of the Norwood Gardens building in late 1981, the centre's museum was relocated to a duplex building on the grounds, giving this unique display a permanent and accessible site. Although safety considerations required the closure of the centre's curling rink this year, it appears hopeful that private fundraising efforts by the curling club will result in replacement of this building.

1982 was Brandon's Centennial Year. In conjunction with the many activities marking this event throughout the year, Brandon Mental Health Centre hosted an extremely successful Centennial and Homecoming Picnic in celebration of this milestone. Over 1,300 people, including many former patients and staff, attended the picnic and enjoyed music, foods, sports, and carnival activities especially arranged for the event.

Another highlight of the summer was the annual summer camp program. Eighty-seven patients participated in this program operated by the centre at the Anglican Church Camp site on Clear Lake. This program offers an enjoyable recreational

respite, in a relaxed and scenic setting, for longer term residents of the centre.

A number of new program initiatives were undertaken in 1982. One such initiative involved the development and implementation of a patient education program about medication use. This program was the creation of an interdisciplinary group of staff and is designed to teach patients about their medications in a systematic way, using standardized instructional methods. Response to the program thus far has been positive and it will definitely be continued.

This past year has seen greater involvement on the part of general practitioners in the Parklands Region in following up ex-patients after discharge from the centre. A procedure was developed to enable some of these physicians to prescribe drugs through our pharmacy for these patients, thus removing a financial obstacle to patients' compliance with the medication component of their aftercare.

The pharmacy designed and began to implement the first phases of a major Drug Utilization Review project. The purpose of this project is to identify potential problems of target drug usage in the centre and to take remedial steps to overcome any such problems encountered. The project is being undertaken in cooperation with medical staff and others at the centre.

A pilot project on casual-related sick leave was introduced at the centre by Personnel Management Services of the department.

A research project designed to review the service needs of patients was proposed. This project involves the employment of a unique methodology, that of "time use analysis" as reported by patients themselves. The goal of this survey is to ascertain what service needs are currently being met by programs offered by the centre and what gaps in service exist that should be met in the future.

The Residential Care Unit of Brandon Mental Health Centre explored new options for residential placement for our patients. A highlight of this activity was obtaining the first cooperative unit for patient residency. Despite this gain, residential placement of discharged patients remains a critical problem given the limited housing available under current economic conditions.

Related to the above, a multidisciplinary committee on Cooperative Housing and Employment was struck to give support to the development of a self-help patient group, initially calling itself "Community Acceptance". The Community Acceptance group has identified the need to promote opportunities for housing, employment, job skill training, and socialization for former patients living in the community. To date, Community Acceptance has been focusing on building membership, developing an internal organization, and fundraising efforts.

Educational programs at the centre are an important part of its operation. Thirty-two students successfully completed the Registered Psychiatric Nurse program at the centre's

School of Nursing and 35 students were selected for admission to the School this year, out of 65 applicants. These figures attest to the strength of interest in psychiatric nursing as a profession and the particular appeal of the School's program at Brandon Mental Health Centre. The Supervisor of Pastoral Care conducted a course in Supervised Pastoral Education for five students, two of whom chose the centre as the focus of their practical work in this course. In addition to the regular nursing inservice programs, staff from the centre were also involved in the offering of special inservice workshops on Genetics, DSM III (Diagnostic and Statistical Manual of Mental Disorders III), and Stress Management. These inservices have been positively received by staff and demonstrate that local resources can be used to good effect in staff development.

The achievement of improved cooperation and coordination of community-institutional services in the Westman Region has long been a major goal. A significant advance towards achieving this aim was realized with the creation of a Westman-Brandon Mental Health Centre Liaison Committee this year. This committee has met on a regular basis and addressed a number of issues of common interest. Of particular note was approval given for implementation of guidelines governing Brandon Mental Health Centre Social Work Department and Westman Community Mental Health, respecting the aftercare undertaken on behalf of discharged patients.

A working committee was struck late in 1982 to review the provision of psychiatric services to children and adolescents in Brandon and the Westman Region. This committee has representation from Community Mental Health and the centre's Guidance Clinic. It will produce recommendations for improving mental health services to children in this region. A larger review of all mental health programs in western Manitoba also got under way this year. A four member committee was established by the Minister of Health for this purpose with Brandon Mental Health Centre represented on the committee by the centre's administrator. This committee has heard briefs from a number of interested groups and individuals and will be making its recommendations in March, 1983. The committee hopes to set up a framework for the long-term planning of overall mental health services and facilities in this part of the province.

Finally, the centre's average daily population showed a decline this year over 1981 and the years immediately previous. This is an encouraging development, since the trend in the 1970's has been for the average daily patient count to plateau or show a very gradual decline, relative to the two previous decades. A slightly smaller inpatient count hopefully will permit staff to offer programming for patients at more optimal levels than has been possible in the past.

SELKIRK MENTAL HEALTH CENTRE

Selkirk Mental Health Centre provides psychiatric inpatient and outpatient treatment to the residents of Interlake, Eastman, Thompson, Norman and Winnipeg Regions. The total population of these regions is approximately 780,000. The outpatient services consist of consultative services to Eastman and Interlake Regions, plus itinerant services to Winnipeg, Thompson, Norman Regions and Selkirk District. The average daily inpatient population at Selkirk Mental Health Centre has maintained its high level in 1982.

Long range planning for the redevelopment of Selkirk Mental Health Centre facilities which will provide short term psychiatric beds has been proposed. This proposal together with plans to upgrade the Infirmary and Reception Units will enhance the quality of care for patients.

The Selkirk Mental Health Centre has three active inpatient treatment units. The Reception Unit services Winnipeg Region, including referrals from Forensic Services. During 1982 group programming for patients was further developed. The patients' specific needs are identified by the treatment team consisting of psychiatric nurses, social workers, occupational therapists, psychologists and psychiatrists. Individual or group programs are developed and implemented to meet patient needs and the effectiveness of the program is evaluated on an ongoing basis. Programs include activation, effective living, personal effectiveness, drug and alcohol education,

life skills, stepping out, healthy living today, women's world and religious discussion.

The Selkirk Psychiatric Institute services Norman, Thompson, Eastman and Interlake Regions including Selkirk district. Group programming has been augmented to meet the needs of a wider range of patient functioning. In addition to assertiveness training, emotive training and mood control, a new cultural program has been implemented. For the very withdrawn patient in Selkirk Psychiatric Institute, an activity discussion group is proving beneficial. The Selkirk team provides an active family therapy and day care program as well as outpatient psychiatric assessment and counselling.

The Northern team continues to work collaboratively with community mental health service providers in Thompson and Norman Regions with a view to developing and implementing training programs for local service teams.

The Infirmary Unit provides services to psychogeriatric patients, long-term patients and patients with medical problems. A modified reality orientation program which incorporates male and female patients is continuing to be very popular. Other programs involve handicrafts, exercises, grooming, films,. cooking classes, music appreciation, games, outings and discussions for long-term handicapped patients who cannot be included in the centre's active rehabilitation programs. The family living group program remains very active, involving basic social and communication skills and community outings. Planned outings include trips to parks, historical sites,

summer festivals, shopping trips, sporting events and other attractions. These experiences have provided patients with the opportunity to increase their social skills and their knowledge of the community and its resources.

The School of Psychiatric Nursing offers the provincial curriculum, under the authority of the Psychiatric Nurses Association of Manitoba Act. The school continues to offer registered nurses a complementary program in psychiatric nursing and a refresher course for graduate psychiatric nurses. In 1981 student enrollment was increased in a concerted effort to increase the supply of psychiatric nurses. A larger intake of students occurred in 1982 and efforts to maintain recruitment of students are planned for 1983.

The centre provides extensive outpatient and outreach support services in Winnipeg, primarily to former patients, through its community-based clinic at 189 Evanson Street. Such services include long-term psychiatric stabilization as well as collaboration with community mental health service providers to enhance social integration and rehabilitation of patients.

The centre has provided a home finding service in compliance with the Provincial Residential Care Plan. This service has been primarily available to current and former patients, providing alternate accommodation to approximately 400 persons. Possible realignment of this function is under active consideration with the Winnipeg Region, Department of Health.

Additional alternate care facilities are maintained by the independent group living programs in Winnipeg and Selkirk. The centre has utilized 32 homes and apartments made available from provincial and urban housing authorities. The program emphasizes teaching and reinforcing daily life skills such as home management, personal hygiene, cooking, budgeting and use of community resources. In excess of 85 former patients have been accommodated in the program during the past year. Of these, approximately 35 are now managing independently in a shared apartment, or are living on their own in bachelor apartments.

In addition to the activities program provided at the 189 Evanson Street clinic, the centre maintains its collaborative arrangements with Winnipeg Region in the promotion of a variety of community-based activity centres for former patients. Such centres include church organizations, the YMCA, YWCA, and YMHA.

The centre's Volunteer Service includes a large nucleus of church and community organizations which provide contact for patients at the centre and in Winnipeg, at holiday times, birthdays, and regular weekly programs. The number of individual volunteers has increased during 1982 with the addition of students from high school and university and clients from community restitution programs. Volunteers in Winnipeg are involved with groups and individual outpatients. Patients at the centre do volunteer work within the centre and in the

Town of Selkirk.

The Patients' School program, which offers opportunities for Selkirk Mental Health Centre patients to continue academic and social learning experiences as a part of a total treatment program, was reactivated in 1982. The school, with a staff of one special education teacher, offers instruction in regular curriculum courses, adult basic education courses, correspondence courses, and remedial instruction in reading and math; instruction in speaking, reading and/or writing English; specialized instruction for those with specific learning disabilities, and liaison and supervisory services with community-based education facilities.

During 1982 the department delegated the responsibility for the operation of Whiskey Jack Camp, on Red Rock Lake in Whiteshell Provincial Park, to Selkirk Mental Health Centre. The camp is operated during the summer months for patients of the centre and clients of other mental health programs. Approximately 30-35 patients at a time reside at the camp and take part in camp programs.

A 20 passenger bus complete with equipment to load and transport wheelchair patients was added to our fleet of vehicles to provide for the transportation of groups of patients for activities and outings.

During 1982 a staff health and counselling program was introduced. Also, in consultation with the centre's Workplace Health and Safety Committee, an accident prevention and safety

program was formalized.

During 1982 the centre implemented a community awareness program. The objective of the program is to have decision-making groups, including the Selkirk Town Council and municipal Reeves, from Selkirk and surrounding district become familiar with the services Selkirk Mental Health Centre provides to the citizens of the area. The audio-visual portion of the program, "Welcome to Our World" demonstrates the relationship between the Selkirk Mental Health Centre and Selkirk and district.

Selkirk Mental Health Centre actively participated in Selkirk's Centennial celebrations. Highlights were a visit to the centre from Her Royal Highness The Princess Anne and the Honourable Howard Pawley, and a staff/student reunion held as part of Selkirk's Homecoming festivities.

The Selkirk Mental Health Centre was again awarded full accreditation status from the Canadian Council on Hospital Accreditation in 1982.

EDEN MENTAL HEALTH CENTRE

Eden Mental Health Centre provides a range of services to a geographic area which includes a general population of about 50,000. Beyond this immediate area, it serves persons from all parts of the province. Historically, more than 45 percent of the persons seen at Eden come from Winnipeg and from the Eastman Region. About 25 to 30 percent come from

the immediate catchment area and the remaining percentage comes from various parts of Manitoba.

The 40-bed hospital provides services for acute care patients with an average length of stay for 1982 at 36 days. The hospital provides the usual range of nursing services as well as occupational therapy.

The outpatient clinic staffed by three medical personnel, four social workers, one psychologist and a pastoral counsellor provide a further range of services. Included in this range are the regular sessions with medical staff as well as group therapy, family therapy and follow-up visits. Community mental health services are provided for the immediate area by way of the outpatient clinic and by way of satellite offices in Morden and Altona. An employment counsellor funded through federal government grants provides an employment service for the patients who come to Eden. An in-house pharmacy is an essential service to patients.

A psychogeriatric worker based at Eden provides a special service to the elderly hospital patients as well as follow-up services to the elderly who are discharged to one of the area personal care homes. At the same time this worker provides consultation services and inservice training to different staff persons of the personal care homes. Plans call for a geriatrician to be added to this department.

A community residence provides special opportunity for patients to make the transition from hospitalization to

independent living. Special emphasis is placed on the development of such social and interpersonal skills as decision-making, problem-solving, budgeting and housekeeping.

This emphasis on rehabilitation is further underlined by the proposed plans for a training centre. The objective of this training centre is to apply social skills to the work situation. At the same time, plans call for the development of vocational and occupational skills. A pilot project is slated to begin early in 1983.

The United Way organizations of the surrounding communities provide funding for a coordinator of volunteers who is responsible to recruit, train, and organize community volunteers. The function of these volunteers is to work with patients both in the hospital and in the community. Some 80 to 100 volunteers continue to provide a valuable service.

With the help of private funding, staff have been able to provide educational events and training sessions in area churches and schools and community organizations.

Effective in 1983-84 the centre will be funded by Manitoba Health Services Commission.

CHIEF PROVINCIAL PSYCHIATRIST

In addition to carrying overall responsibility for the administration of the Mental Health Act, the Chief Provincial Psychiatrist is directly responsible for Forensic Services and Psychiatric Services for Children.

The Chief Provincial Psychiatrist also provides professional consultation services to the clinical programs of the Selkirk and Brandon Mental Health Centres, and the Community Mental Health Directorate.

PSYCHIATRIC SERVICES

During the latter part of 1981 and continuing into 1982 the department conducted a Review Board Project with the purpose of gaining some experience in the review process and ascertaining what problems might be encountered should a full-fledged Review Board be introduced. Two senior and experienced psychiatrists reviewed the cases of compulsory patients who appealed their status and also reviewed cases of a number of patients who had been in mental health centres for periods of time in excess of one year. The majority of appeals were from patients in Brandon and Selkirk Mental Health Centres with a lesser number from psychiatric units of general hospitals. All "longer than a year" cases were at Brandon and Selkirk.

In the lifetime of the project 26 appeals and seven "longer than a year" cases were reviewed.

The review of cases continues on a modified scale with priority given to appeals.

There is a shortage of psychiatrists in the provincially operated services and that shortage will become more acute in the next few years as staff psychiatrists reach retirement age. As one means of overcoming the problem a program for subsidizing residents in psychiatry has been introduced. It is not unlike the former Career Residents Program in Psychiatry that functioned for a number of years in the 60's and 70's.

Under the terms of the program, residents can be subsidized during the second, third and fourth years of their residency. They undertake, in turn, to repay service to provincially operated programs. Three were enrolled in 1982 and it is hoped to enroll four each year to a total of 20.

FORENSIC SERVICES

Adult Forensic Services is located in the Health Sciences Centre, Winnipeg, where it operates as an integral part of the Department of Psychiatry, University of Manitoba. The main consumers of this service are accused persons referred by the courts, usually on a 30 day remand for psychiatric assessment but patients are also referred by the correctional system and Probation Services. Beds are available on Ward P13 at the

Health Sciences Centre for the further investigation and initial treatment of mentally ill offenders. This is a secure ward with two security guards on the ward during the day and one guard during the night.

In 1982, employed in Adult Forensic Services were one full-time qualified psychiatrist and a full-time medical officer. One full-time senior psychologist is also employed in Adult Forensic services who, in addition to her clinical work, plays a major role in the organizations of research, and was assisted by an assistant research psychologist.

In 1981 a social worker was appointed to Adult Forensic Services and in June, 1982 this position was made permanent. Her contribution to the work of the unit continues to be invaluable in terms of home visits, collateral histories, interviewing relatives and in the rehabilitation of those patients whose charges have been stayed or who have been returned to the community after termination of their sentence.

Children's Forensic Services is located in the Manitoba Youth Centre, Winnipeg and is staffed by one full-time qualified psychiatrist and two part-time qualified psychiatrists. In addition there is a full-time clinical psychologist, one full-time and one half-time secretary. In addition to referrals from the courts, juveniles are referred for psychiatric assessment by Probation Services and the staff of the Youth Centre. The referral system is managed by a coordinator.

COMMUNITY PSYCHIATRIC SERVICES FOR CHILDREN

Community Psychiatric Services for Children has recently undertaken a major step in the implementation of a comprehensive service delivery system for psychiatric services to children and adolescents in Manitoba. Over the past nine years a network of community mental health workers has been established. Each worker is assigned to a regional office to assist in the prevention, diagnosis and treatment of emotional disturbance in children and adolescents. A child and adolescent psychiatrist is available for consultation for all cases which require additional psychiatric expertise. These community mental health workers in Thompson, Flin Flon, Dauphin, Beausejour, Selkirk, Portage la Prairie, Stonewall and Steinbach have been trained in child and adolescent psychiatric techniques at the Children's Hospital of the Health Science Centre.

The urban component of service delivery to children and adolescents in Winnipeg operates out of the Child Guidance System of the school divisions in greater Winnipeg. Each psychiatrist, of which there are seven in a full- or part-time capacity with the directorate, is assigned to a team of professionals who are responsible for service delivery to designated children, adolescents, and their families. These psychiatrists are available for education, consultation, diagnosis and treatment of specifically referred cases. In addition the psychiatrists are available for program

consultation and inservice education to the educational system. Recent emphasis has been to provide liaison to various residential care facilities and the Director of Child Welfare.

In the past selected cases could only be dealt with on an outpatient basis but recently the directorate has been instrumental in the development of a psychiatric facility for adolescents in Manitoba. This additional resource will be most welcomed for longer term treatment and rehabilitation. Selected psychiatrically ill adolescents will in the future have a community-based facility staffed by multidisciplinary professionals trained in the specific treatment of emotionally ill adolescents and their families. It is proposed that this facility will anchor the outpatient and extended rural case finding aspects of our community-based delivery system. It is our hope that this treatment facility will be operational in 1984. A future plan includes a more comprehensive community mental health worker network extending into those areas where we presently do not have specifically trained workers.

Greater emphasis on a close relationship between educational and medical psychiatric services and the community-based mental health care delivery systems continue to be a goal of our directorate.

COMMUNITY MENTAL HEALTH DIRECTORATE

The Community Mental Health Program is designed to provide a community-based mental health service. The range of service includes assessment, consultation, crisis intervention and a variety of treatment methods. This program operates as part of the regional community health and social service system so is able to contribute to a continuum of service.

The program is currently undergoing further development, under the direction of the Chief Provincial Psychiatrist. Active recruitment is underway for a director for the program, and it is anticipated that it will be in full operation shortly.

The Community Mental Health Program has contributed to the planning, development and maintenance of a number of alternative care facilities including community residences, independent and group living projects plus foster homes. These facilities have proved an effective alternative to hospitalization for a number of long term and acutely ill people.

During 1982 some regions have been able to obtain or maintain some psychiatric consultation services as part of the Community Mental Health Program although this continues to be an area of need.

The Mental Health staff training program continued during 1982 but on a more limited basis.

PROVINCIAL GERONTOLOGIST

In recognition of the high priority which the government and the department has assigned to aging, a provincial gerontologist was appointed in the fall of 1982. The provincial gerontologist is to provide gerontological advice, consultation and knowledge relative to policy, programs, and aging content to senior departmental, governmental, community organizations and the public-at-large.

The provincial gerontologist is developing an approach which reflects governmental concerns relative to aging throughout Manitoba. To enable this approach to proceed the provincial gerontologist sits on several interdepartmental committees including: pension reforms, social support housing, elder abuse, young disabled in personal care homes, physical fitness programs for seniors, transportation for the mobility disabled and external agency review committees.

In order to ensure the effective functioning of the provincial gerontologist, liaison officers have been appointed from each department of government and relevant commissions and crown corporations. The provincial gerontologist may call on any one or combination of these officers to deal with interdepartmental issues. A major example of this interdepartmental cooperation was the preparation of Manitoba's documentation for the Canadian Governmental Report to the United Nations World Assembly on Aging held in the summer of 1982.

The Manitoba Council on Aging, with its new terms-of-reference and expanded membership, reports to government via the provincial gerontologist. The Council assures ample citizen participation to the provincial gerontologist's function. Over the past year the Council has had involvement in the Non-governmental Organizations' Conference and Report to the United Nations Assembly on Aging and in the National Conference on Fitness in the Third Age. They have allocated three bursaries to Manitobans studying gerontology as a result of funds donated to the Council by the Consular Corps of Winnipeg. The Council submitted reports to government on Elder Abuse, Transportation, the Young Adult Disabled and Physical Fitness Programs for Seniors.

RESEARCH AND PLANNING DIRECTORATE

This directorate was formed in 1982, to amalgamate much of the research and planning previously provided by the Department of Health's Research Branch and the Manitoba Health Services Commission's Planning Division. The new directorate will provide a coordinated approach to planning for both the insured medical and institutional services provided by the commission, and the public health, mental health, home care and other regional health services provided by the department.

This directorate reviews reports and research proposals for funding from Health and Welfare Canada and Manitoba departmental funds; helps departmental personnel to evaluate reports and performs health manpower analyses for the department. Until October, 1982 this directorate provided administrative and staffing support to the Manitoba Council on Aging. (This function has been transferred to the Provincial Gerontologist.) The Manitoba Health Research Council now operates on an autonomous basis since the proclamation of its Act in August, 1982.

The directorate produced the annual Health Manpower Provincial Report and a number of other shorter health manpower related reports and statements, including comments on proposed health professional acts. In order to maintain effective communication and assure comparable analyses of health manpower supply distribution, training and legislation, the directorate represented the department on several manpower-related committees

at the provincial, interprovincial and federal-provincial levels.

The directorate is currently engaged in Physician Training Requirement Review. Discussions are underway with the University of Manitoba respecting the size of the medical school and the number of intern/resident positions funded by the Manitoba Health Services Commission.

Review of Mental Health Services is also a priority of this directorate. The director of the division is chairman of a group of senior departmental and university staff that has been set up to rationalize and determine the relative administrative efficiency of the various mental health programs currently available in Manitoba.

Survey of Utilization of Personal Care Home Beds continues to be a priority of this division including the rationalization of the numbers and distribution of acute, extended, rehabilitative and personal care home beds.

STATISTICAL APPENDIX

STATISTICAL APPENDIX

TABLE OF CONTENTS

PART 1. POPULATION OF MANITOBA

Figure 1 Map of Manitoba by Health Region

Table 1 Population of Manitoba by Health Region; by Age Group and Sex, December 1, 1982

PART 2. MENTAL HEALTH SERVICES

SECTION 1 INSTITUTIONS

Table 1 Mental Health Centres: Admissions and Separations by Institution - 1980 to 1982

Table 2 Mental Health Centres: Average Daily Patient Population by Institution - 1978 to 1982

Table 3 Mental Health Centres: Average Length of Stay for Discharges by Institution - 1978 to 1982

Table 4 Mental Health Centres: Outpatient Caseload Movement - 1982

Table 5 Mental Health Centres: Outpatients and Outpatient Contacts - 1982

SECTION 2 COMMUNITY MENTAL HEALTH

Table 1 Community Mental Health: Active Caseload Movement by Region - 1982

Table 2 Community Mental Health: Maintenance Caseload Movement by Region - 1982

SECTION 3 FORENSIC SERVICES

Table 1 Adult Forensic Services: Number of Patients Seen - 1981 and 1982

Table 2 Children's Forensic Services: Number of Referrals by Category - 1981 and 1982

PART 3. COMMUNITY HEALTH SERVICES

SECTION 1 PUBLIC HEALTH NURSING

Table 1 Public Health Nursing: Reported Services by Region for November, 1982

Table 2 Public Health Nursing: Reported Selected Reasons for Service by Region for November, 1982

SECTION 2 COMMUNICABLE DISEASE

Table 1 Communicable Diseases: Reported Cases in Manitoba - 1981 and 1982

Figure 1 Reported Rubella Cases: Winnipeg and Rural Area 1973 to 1982

Figure 2 Reported Gonoccocal Infections: Rate per 10,000 Population 1961 to 1982

Table 2 Reported Infectious Syphilis and Gonorrhoea (Laboratory Confirmed) in Manitoba - 1973 to 1982

Table 3 Reported Cases of Syphilis and Gonorrhoea by Age Group and Sex - 1982

Table 4 Active Tuberculosis Cases by Type - 1982 and 1981 Totals

Table 5 Drug Dispensing Program - 1979 to 1982

SECTION 3 MEDICAL HOMECARE EQUIPMENT

Table 1 Medical Supplies and Home Care Equipment Program: Services Provided - 1980 to 1982

SECTION 4 OFFICE OF HEARING CONSERVATION

Table 1 Office of Hearing Conservation, Screenings, Referrals and Assessments by Region - July 1, 1981 to June 30, 1982

SECTION 5 HOME ECONOMICS SERVICES

Table 1 Home Economics Program: Number of People Provided With Services by Program and Type - 1982

Table 2 Home Economics Program: Number of People Provided With Services by Program/Category and Region - 1982

SECTION 6 DENTAL SERVICES

Table 1 Dental Services: Number of Children Eligible and Treated and Percent Utilization by Year of Birth - July 1981 to June 1982

Table 2 Dental Services: Number of Children Eligible (Birth 1969-1975), Treated and Percent Utilization by Region - July 1981 to June 1982

Table 3 Profile on Dental Services Provided to Manitoba Children by the MCDP and the MDAP - July 1981 to June 1982 and January to September, 1982

Table 4 Dental Services: Preventive Dental Public Health Services Provided Outside the Manitoba Children's Dental Program - July 1981 to June 1982

PART 4. CONTINUING CARE

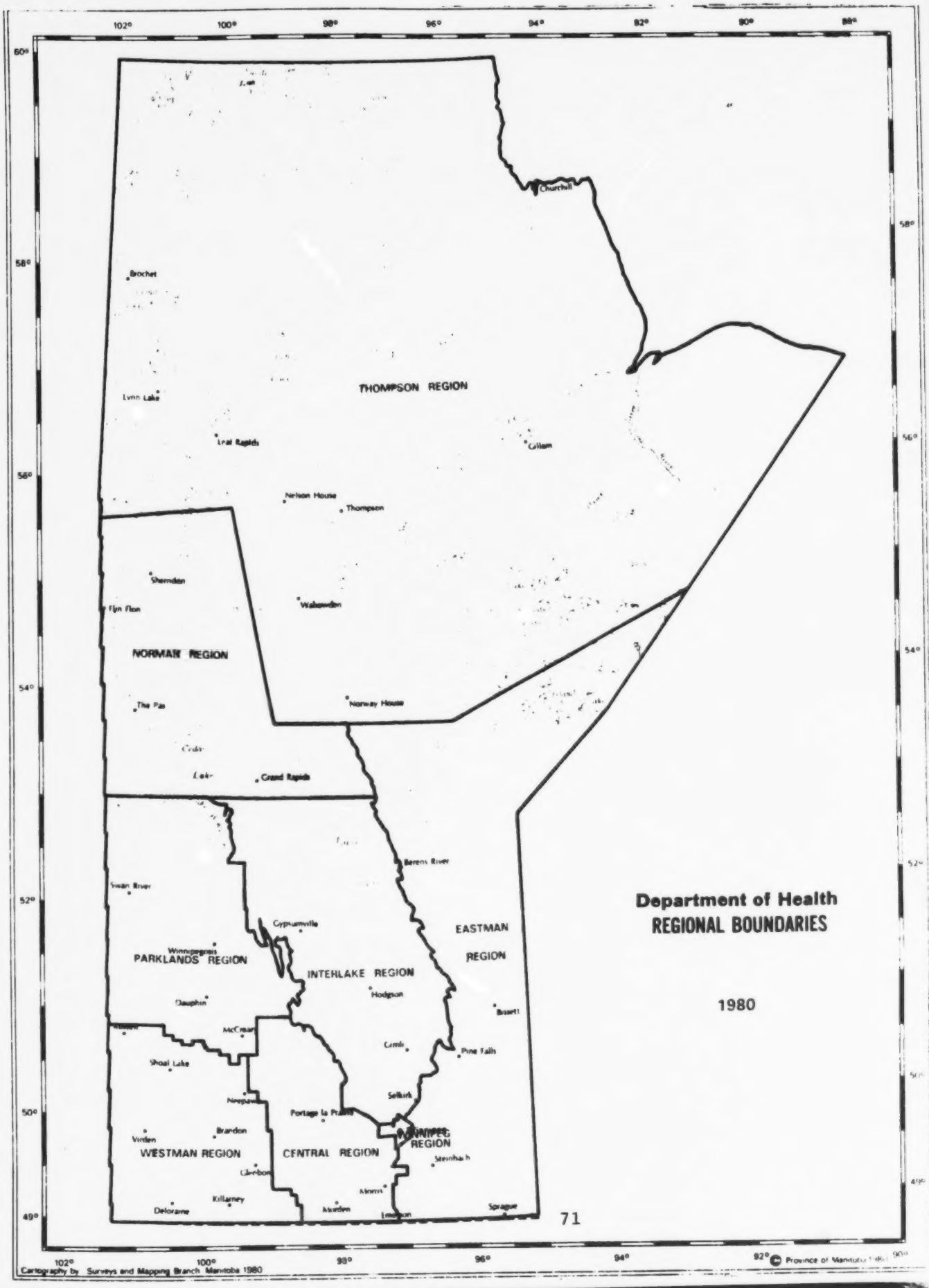
Table 1 Maximum Number of Persons Receiving Co-ordinated Home Care Services by Region - January to December, 1982

Table 2 Home Care Program Caseload Movement by Age Group - January 1 to December 31, 1982

Table 3 Home Care Program: Average Monthly Number of Persons Receiving Selected Services by Category - January to December, 1979 to 1982

Table 4 Number of Persons on the Waiting List for Personal Care Homes at the End of December 1979 to 1982

Table 5 Percentage of Persons on Waiting List Receiving Home Care Pending Placement - December 1979 to 1982


102°
100°
98°
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94°
92°
90°
88°
60°
58°
56°
54°
52°
50°
49°
Churchill
Brochet
Lynn Lake
Leaf Rapids
Gillam
Nelson House
Thompson
THOMPSON REGION
Sherridon
Flin Flon
Wabowden
NORMAN REGION
The Pas
Norway House
Cedar Lake
Grand Rapids
Berens River
Swan River
Cypress River
Winnipegosis
PARKLANDS REGION
INTERLAKE REGION
EASTMAN REGION
Hodgson
Dauphin
McCreary
Shoal Lake
Pine Falls
Selkirk
Portage la Prairie
Virden
Brandon
WESTMAN REGION
CENTRAL REGION
WINNIPEG REGION
Steinbach
Glenboro
Killarney
Deloraine
Morden
Sprague
Department of Health
REGIONAL BOUNDARIES
1980
Cartography by Surveys and Mapping Branch Manitoba 1980
© Province of Manitoba

TABLE 1
POPULATION OF MANITOBA
BY HEALTH REGION ; BY AGE GROUP AND SEX
DECEMBER 1, 1982

HEALTH REGION	SEX	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	TOTAL
CENTRAL	M	3,874	3,791	3,901	4,384	4,165	3,660	3,061	2,715	2,148	1,977	2,028	2,018	1,995	1,897	3,703	45,317
	F	3,632	3,538	3,739	4,207	3,733	3,386	2,833	2,591	2,154	1,916	2,111	2,174	2,186	1,992	4,474	44,666
	T	7,506	7,329	7,640	8,591	7,898	7,046	5,894	5,306	4,302	3,893	4,139	4,192	4,181	3,889	8,177	89,983
EASTMAN	M	3,045	3,184	3,189	3,557	3,154	2,786	2,653	2,395	1,889	1,620	1,559	1,538	1,376	1,271	2,210	35,426
	F	2,847	3,055	3,083	3,327	2,672	2,681	2,630	2,248	1,802	1,481	1,430	1,481	1,411	1,163	2,381	33,692
	T	5 892	6,239	6,272	6,884	5,826	5,467	5,283	4,643	3,691	3,101	2,989	3,019	2,787	2,434	4,591	69,118
INTERLAKE	M	2,104	2,525	2,759	3,002	2,563	2,378	2,256	2,133	1,701	1,583	1,574	1,502	1,484	1,438	2,279	31,281
	F	2,047	2,346	2,576	2,845	2,127	2,235	2,193	2,042	1,678	1,513	1,492	1,547	1,535	1,310	2,446	29,932
	T	4,151	4,971	5,335	5,847	4,690	4,613	4,449	4,175	3,379	3,096	3,066	3,049	3,019	2,748	4,725	61,213
NORMAN	M	1,031	1,039	1,011	973	1,261	1,170	993	734	610	486	489	465	387	279	482	11,410
	F	918	987	931	1,026	1,116	996	908	658	513	422	415	426	368	317	530	10,531
	T	1,949	2,026	1,942	1,999	2,377	2,166	1,901	1,392	1,123	908	904	891	755	596	1,012	21,941
PARKLAND	M	1,510	1,699	1,858	2,049	1,653	1,514	1,424	1,310	1,121	1,121	1,159	1,331	1,342	1,227	2,542	22,860
	F	1,461	1,630	1,680	2,036	1,442	1,414	1,342	1,250	1,056	1,032	1,203	1,283	1,354	1,242	2,843	22,268
	T	2,971	3,329	3,538	4,085	3,095	2,928	2,766	2,560	2,177	2,153	2,362	2,614	2,696	2,469	5,385	45,128
THOMPSON	M	1,131	1,227	1,174	1,109	1,178	1,240	1,169	923	692	510	363	267	156	70	57	11,266
	F	1,083	1,080	1,139	1,006	1,107	1,168	1,037	788	560	334	279	177	126	46	62	9,392
	T	2,214	2,307	2,313	2,115	2,285	2,408	2,206	1,711	1,252	844	642	444	282	116	119	21,258
WESTMAN	M	4,257	4,463	4,525	5,107	5,144	4,711	4,049	3,395	2,826	2,640	2,954	3,054	2,991	2,861	5,679	58,656
	F	4,031	4,090	4,359	5,093	4,766	4,557	3,946	3,307	2,864	2,760	2,960	3,152	3,401	2,912	7,139	59,337
	T	8,288	8,553	8,884	10,200	9,910	9,268	7,995	6,702	5,690	5,400	5,914	6,206	6,392	5,773	12,818	117,993
WINNIPEG	M	20,449	20,520	21,787	24,441	29,533	28,507	25,116	20,848	15,887	14,393	14,543	14,125	12,654	10,385	17,571	290,759
	F	19,361	19,726	20,804	24,177	31,555	29,327	25,929	20,921	16,065	14,494	15,329	16,246	15,077	13,216	28,078	310,305
	T	39,810	40,246	42,591	48,618	61,088	57,834	51,045	41,769	31,952	28,887	29,872	30,371	27,731	23,601	45,649	601,064
TOTAL REGIONS	M	37,401	38,448	40,204	44,622	48,651	45,966	40,721	34,453	26,874	24,330	24,669	24,300	22,385	19,428	34,523	506,975
	F	35.380	36,452	38,311	43,717	48,518	45,764	40,818	33,805	26,692	23,952	25,219	26,486	25,458	22,198	47,953	520,723
	T	72,781	74,900	78,515	88,339	97,169	91,730	81,539	68,258	53,566	48,282	49,888	50,786	47,843	41,626	82,476	1027,698
UNORGANIZED TERRITORIES	M	693	642	674	674	601	532	422	322	252	224	223	163	148	157	226	5,953
	F	615	623	645	697	570	514	368	236	221	225	182	137	134	88	164	5,419
	T	1,308	1,265	1,319	1,371	1,171	1,046	790	558	473	449	405	300	282	245	390	11,372
INDIAN BANDS	M	3,535	3,357	3,263	3,147	2,548	1,768	1,400	1,137	895	720	576	494	386	275	579	24,080
	F	3,368	3,153	3,303	3,018	2,557	1,858	1,311	981	776	639	487	399	344	257	508	22,959
	T	6,903	6,510	6,566	6,165	5,105	3,626	2,711	2,118	1,671	1,359	1,063	893	730	532	1,087	47,039
TOTAL MANITOBA	M	41,629	42,447	44,141	48,443	51,800	48,266	42,543	35,912	28,021	25,274	25,468	24,957	22,919	19,860	35,328	537,008
	F	39,363	40,228	42,259	47,432	51,645	48,136	42,497	35,022	27,689	24,816	25,888	27,022	25,936	22,543	48,625	549,101
	T	80,992	82,675	86,400	95,875	103,445	96,402	85,040	70,934	55,710	50,090	51,356	51,979	48,855	42,403	83,953	1,086,109

TABLE 1
MENTAL HEALTH CENTRES: ADMISSIONS AND SEPARATIONS; BY INSTITUTION - 1980 TO 1982

INSTITUTION	ADMISSIONS			SEPARATIONS[1]			IN-PATIENTS AT DECEMBER 31			TOTAL UNDER TREATMENT[2]		
	1980	1981	1982	1980	1981	1982	1980	1981	1982	1980	1981	1982
BRANDON MENTAL HEALTH CENTRE	470	491	485	491	484	532	555	559	519	1,054	1,055	1,056
SELKIRK MENTAL HEALTH CENTRE	270	252	238	263	242	239	370	375	367	649	638	628
EDEN MENTAL HEALTH CENTRE	156	210	198	162	211	190	37	36	44	199	247	234
TOTAL	896	953	921	916	937	961	962	970	930	1,902	1,940	1,918

1 Excludes probations
2 Resident population at beginning of year plus total additions, including "returns from probation".

TABLE 2
MENTAL HEALTH CENTRES: AVERAGE DAILY PATIENT POPULATION; BY INSTITUTION 1978 TO 1982

INSTITUTION	1978	1979	1980	1981	1982
BRANDON MENTAL HEALTH CENTRE	557.9	557.7	556.0	555.1	535.1
SELKIRK MENTAL HEALTH CENTRE	344.1	349.5	359.8	371.4	370.7
EDEN MENTAL HEALTH CENTRE	35.3	38.5	33.6	36.7	33.1

TABLE 3
MENTAL HEALTH CENTRES: AVERAGE LENGTH OF STAY FOR DISCHARGES; BY INSTITUTION - 1978 TO 1982

INSTITUTION		AVERAGE LENGTH OF STAY				
		1978	1979	1980	1981	1982
BRANDON MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	16.9	14.2	9.4	14.0	12.7
	Patient in Hospital Less Than 365 days	71.5	79.3	74.9	74.1	71.5
SELKIRK MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or more	6.5	9.3	4.7	7.0	6.7
	Patient in Hospital Less Than 365 days	70.4	74.1	71.1	80.9	92.9
EDEN MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	3.6	3.0	2.8	4.2	2.1
	Patient in Hospital Less Than 365 days	45.0	43.0	42.0	40.4	36.3

TABLE 4
MENTAL HEALTH CENTRES: OUTPATIENT CASELOAD MOVEMENT[1] - 1982

INSTITUTION	ACTIVE CASES[2] AT BEGINNING OF YEAR	REGISTRATIONS DURING YEAR	TERMINATIONS DURING YEAR	ACTIVE CASES AT END OF YEAR
BRANDON MENTAL HEALTH CENTRE	1,567	1,597	1,967	1,197
OUTPATIENT DEPARTMENT	901	736	921	716
CHILD GUIDANCE CLINIC	292	542	490	344
TRAVELLING CLINIC	374	319	556	137
SELKIRK MENTAL HEALTH CENTRE	1,295	327	381	1,241
EDEN MENTAL HEALTH CENTRE	1,706	160	-	1,866
TOTAL	4,568	2,084	2,348	4,304

[1] Caseload movement includes those cases who are receiving treatment services by medical, psychological and/or social services staffs.
[2] Criteria for active cases are those receiving service during the previous 90 days for Brandon M.H.C. and the previous 12 months for Selkirk M.H.C. Eden maintains all cases on active status and does not have a criterion for termination.

TABLE 5
MENTAL HEALTH CENTRES: OUTPATIENTS AND OUTPATIENT CONTACTS 1982

INSTITUTION	FORMER INPATIENTS	NOT FORMER INPATIENTS	TOTAL OUTPATIENTS	TOTAL CONTACTS
BRANDON MENTAL HEALTH CENTRE	1,019	1,362	2,381	10,489
SELKIRK MENTAL HEALTH CENTRE	1,001	280	1,281	7,193
EDEN MENTAL HEALTH CENTRE	304	479	783	2,446
TOTAL	2,324	2,121	4,445	20,128

TABLE 1
COMMUNITY MENTAL HEALTH
ACTIVE[1] CASELOAD MOVEMENT BY REGION - 1982

	CENTRAL	EASTMAN	INTERLAKE	NORMAN	PARKLAND	THOMPSON	WESTMAN	WINNIPEG	TOTAL
BEGINNING OF YEAR	82	162[2]	82	85[2]	98[2]	135[2]	182	582[2]	1,408[2]
CASES OPENED	256	146	191	189	356	90	189	560	1,977
TOTAL CASES SERVED	338	308	273	274	454	225	371	1,142	3,385
CASES CLOSED	250	193	157	162	298	145	135	612	1,952
END OF YEAR	88	115	116	112	156	80	236	530	1,433

1 An "active" case is characterized by heavy time input, with relatively short anticipated duration of involvement, and goals which involve significant changes in current level of functioning.

2 Revised from 1981 Annual Report.

TABLE 2
COMMUNITY MENTAL HEALTH
MAINTENANCE[1] CASELOAD MOVEMENT BY REGION - 1982

	CENTRAL	EASTMAN	INTERLAKE	NORMAN	PARKLAND	THOMPSON	WESTMAN	WINNIPEG	TOTAL
BEGINNING OF YEAR	97	195[2]	99	80[2]	94[2]	99[2]	384	952[2]	2,000[2]
CASES OPENED	64	152	30	82	37	163	158	346	1,032
TOTAL CASES SERVED	161	347	129	162	131	262	542	1,298	3,032
CASES CLOSED	83	111	42	98	25	183	194	371	1,107
END OF YEAR	78	236	87	64	106	79	348	927	1,925

1 A "maintenance" case is characterized by light-time demands, long term expectations for follow-up and goals involving the prevention of deterioration from current functioning.

2 Revised from 1981 Annual Report.

TABLE 1
ADULT FORENSIC SERVICES:
NUMBER OF PATIENTS SEEN - 1981 AND 1982

HEALTH SCIENCES CENTRE [1]	1981	1982
Patients Admitted	92	116
Out-Patients seen for Psychiatric Assessment	97	68
Patients seen on a follow-up basis	463	411

[1] In addition 312 and 230 residents of Headingly Correctional Institution were seen by a psychiatrist at the institution in 1981 and 1982 respectively.

TABLE 2
CHILDREN'S FORENSIC SERVICES:
NUMBER OF REFERRALS BY CATEGORY - 1981 AND 1982

PROBATION REFERRALS	NUMBER OF CASES	
	1981	1982
PSYCHIATRIC	116	78
PSYCHOLOGICAL	72	35
PSYCHIATRIC/PSYCHOLOGICAL	7	7
CONSULTATIVE CONFERENCES	17	8
TOTAL	212	128
OTHER REFERRALS	NUMBER OF SESSIONS - 1982	
	INITIAL	FOLLOW-UP
MANITOBA YOUTH CENTRE	31	16
DONCASTER CENTRE FOR YOUTH	1	7
AGASSIZ CENTRE FOR YOUTH	11	16
REGULAR	-	28
OTHER	5	13
TOTAL	48	85

TABLE 1
PUBLIC HEALTH NURSING: REPORTED SERVICES[1]
BY REGION FOR NOVEMBER, 1982

REGION	IMMUNIZATIONS	DEVELOPMENTAL SCREENING TESTS	CLINICS/ATTENDANCE		CLASSES FOR EXPECTANT PARENTS
			CHILD HEALTH	ELDERLY PERSONS	
CENTRAL	841	38	26 / 299	- / -	17
EASTMAN	398	52	25 / 132	- / -	22
INTERLAKE	317	76	26 / 157	7 / 105	15
NORMAN	459	22	21 / 202	- / -	8
PARKLAND	669	37	27 / 169	4 / 75	14
THOMPSON	374	15	15 / 75	2 / 24	16
WESTMAN	3,664	54	43 / 483	4 / 32	43
WINNIPEG	164	28	10 / 135	- / -	34
TOTAL	6,886	322	193 / 1,652	17 / 236	169

[1]These data are not a total count for all provincial Public Health Nursing Services and exclude services performed by the City of Winnipeg Health Department.

TABLE 2
PUBLIC HEALTH NURSING: REPORTED SELECTED REASONS FOR SERVICE[1]
BY REGION FOR NOVEMBER, 1982

	MATERNAL		INFANTS AND PRE-SCHOOLERS (0-4 YRS)		SCHOOL CHILDREN (5-17 YRS)		ADULT				COMMUNICABLE DISEASE		MENTAL HEALTH		CONTINUING CARE[2]					
							18-64 YRS		65+ YRS						HOME CARE				PERSONAL CARE HOME	
	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	DIRECT NURSING CARE	HEALTH PROMOTION	ASSESS-MENT	REASSESS-MENT	DIRECT NURSING CARE	ADMISSION ASSESS-MENT	MONI-TORING
CENTRAL	140	1	157	16	106	16	160	10	135	24	54	1	10	20	243	71	83	25	32	-
EASTMAN	127	4	254	42	81	24	131	24	112	26	74	5	6	1	269	40	86	81	13	5
INTERLAKE	86	2	201	27	22	9	124	24	249	97	39	-	5	13	134	32	37	15	17	-
NORMAN	147	19	434	236	281	194	623	236	134	27	89	13	46	4	102	35	71	8	3	1
PARKLAND	116	6	187	83	116	12	84	54	168	152	60	87	14	14	249	40	160	37	3	1
THOMPSON	102	-	313	22	147	42	462	94	162	26	96	21	4	3	31	1	3	18	-	-
WESTMAN	240	-	607	2	208	15	219	8	463	67	97	-	68	1	330	52	158	47	40	6
WINNIPEG	616	38	1,243	6	1,961	27	873	1	84	3	997	-	39	1	-	-	-	-	-	-
TOTAL	1,596	77	3,664	434	3,124	337	2,796	451	1,508	422	1,506	127	199	57	1,434	271	598	231	108	13

[1] These data are not a total count for all provincial Public Health Nursing Services and exclude services performed by the City of Winnipeg Health Department

[2] Services performed by Public Health Nursing for the Continuing Care Program

Note: Health Promotion includes health assessment (except in Continuing Care) nursing care planning, counselling and support, teaching, anticipatory guidance and evaluation.

TABLE 1
COMMUNICABLE DISEASES - REPORTED CASES
MANITOBA 1981 AND 1982

DISEASE	NUMBER OF CASES	
	1981	1982
Intestinal Infectious Diseases:		
Typhoid Fever (002.0)	1	-
Paratyphoid Fever (002.9)	-	-
Salmonellosis (003)	264	197
Shigellosis (004)	363	202
Food Poisoning (Bacterial)		
Staphylococcal (005.0)	2	18
Clostridium Perfringens (005.2)	-	-
Other Clostridia (005.3)	-	-
Vibrio Parahaemolyticus (005.4)	-	-
Bacillus Cereus (005.8)	-	-
Unspecified (005.9)	5	9
E. Coli Enteritis (008.0)	158	148
Tuberculosis:		
Primary (010)	16	13
Respiratory (011-012)	99	110
Non-respiratory (013-018)	39	35
Venereal Diseases:		
Gonoccoccal Infections (098)	4,671	4,608
Primary & Secondary Syphilis	19	11
Syphilis (Other)	64	42
Chancroid (099.0)	-	1
Diseases of Central Nervous System:		
Meningitis		
Bacterial		
Haemophilus (320.0)	12	19
Pneumonococcal (320.1)	4	6
Other	2	11
Viral		
Aseptic Meningitis Due to		
Coxsackie (47.0)	3	1
Echo Virus (47.1)	-	-
Other Viral (47.9)	2	46
Encephalitis		
Western Equine Encephalitis (062.1)	24	1
Other Bacterial Diseases:		
Diphtheria Cases (032)	1	-
Diphtheria Carriers (V02.4)	128	70
Meningococcal Infections (036)	8	11
Pertussis (033)	7	14
Brucellosis (023)	4	3
Other Viral Diseases:		
Hepatitis A (070.0)	74	183
Hepatitis B (070.2)	30	49
Measles (055)	61	46
Rubella (056)	36	263
Congenital Rubella (771.0)	-	1
Mumps	15	9
Rare Diseases:		
Amoebiasis (006)	30	21
Leprosy (030)	1	3
Malaria (084)	27	5
Psittacosis (073)	2	-
Legionaires Disease (482.8)	14	5
Group B Arbovirus (066.9)	-	1
Trichinosis (124)	1	-
Encephalitis, Other (064)	-	1
Tetanus (037)	-	1
Hepatitis Non-A Non-B (070.5)	-	1

FIGURE 1
REPORTED RUBELLA CASES (056)
WINNIPEG AND RURAL AREA - 1973 TO 1982

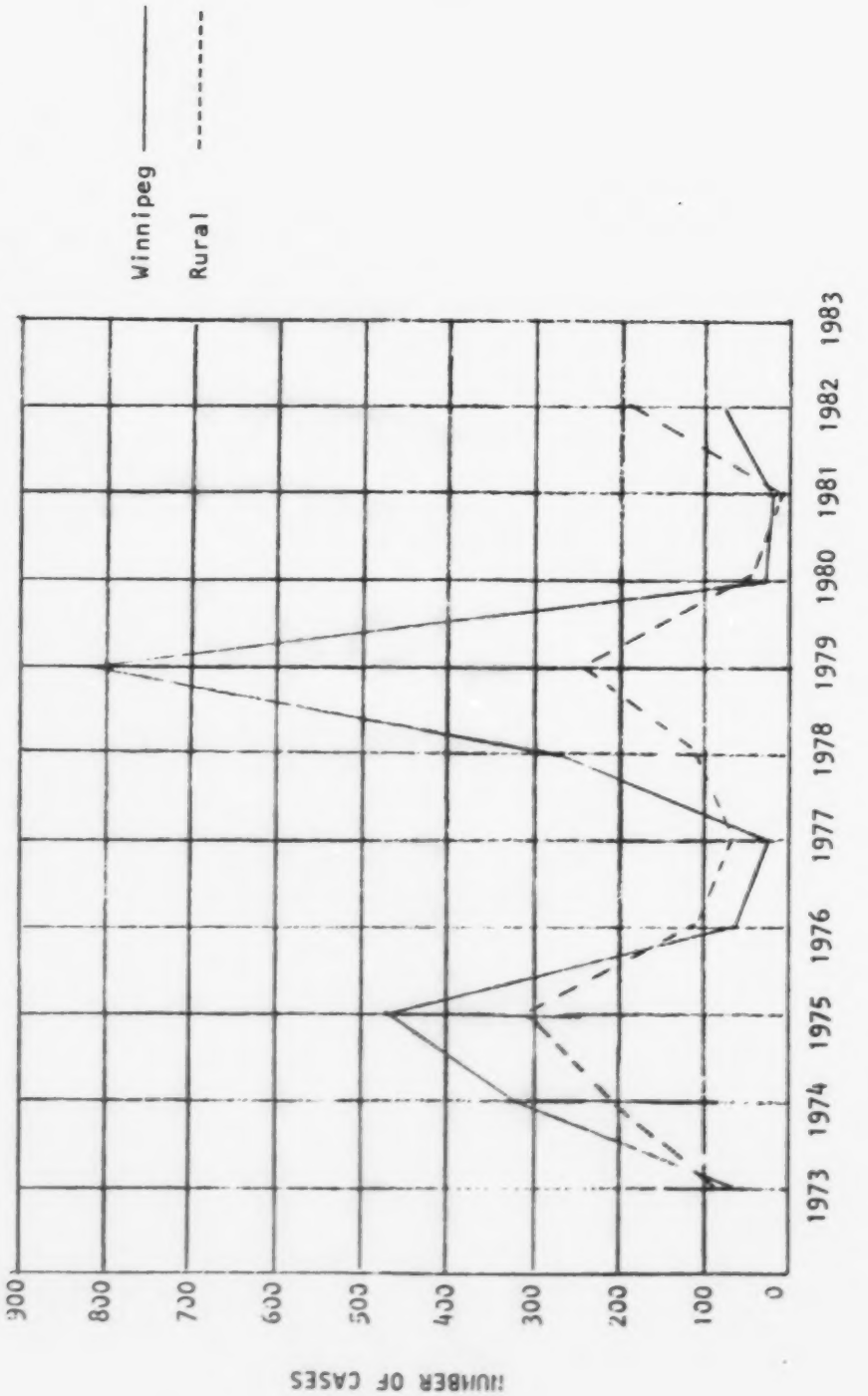

FIGURE 2

REPORTED GONOCCOCAL INFECTIONS

RATE PER 10,000 POPULATION

1961 TO 1982

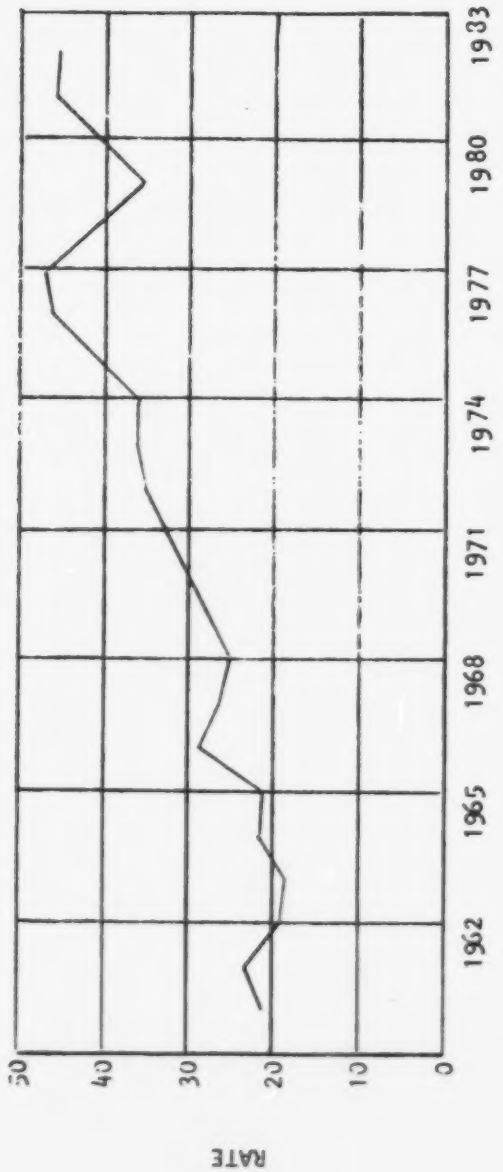

TABLE 2
REPORTED INFECTIOUS SYPHILIS AND GONORRHEA
(LABORATORY CONFIRMED) IN MANITOBA,

YEAR	INFECTIOUS SYPHILIS[1]		GONORRHOEA	
	NUMBER	RATE PER 100,000 MANITOBANS	NUMBER	RATE PER 100,000 MANITOBANS
1973	135	13.1	3,567	347
1974	92	8.7	3,577	340
1975	20	1.9	4,246	402
1976	17	1.6	4,782	446
1977	20	1.8	4,803	443
1978	42	3.8	4,214	385
1979	12	1.1	3,621	330
1980	9	.9[2]	4,084	397[2]
1981	19	1.8	4,671	433
1982	11	1.0	4,608	424

[1] Infectious syphilis, with reported primary and secondary lesions.

[2] M.H.S.C. population estimates for 1980 are not available. As a result, Statistics Canada population estimates have been used for 1980 rates.

TABLE 3
REPORTED CASES OF SYPHILIS AND GONORRHOEA BY AGE AND SEX - 1982

AGE GROUP	GONORRHOEA				SYPHILIS			
	MALE	FEMALE	TOTAL	% OF TOTAL	MALE	FEMALE	TOTAL	% OF TOTAL
0-19	393	636	1,029	22.3	-	-	-	-
20-24	875	821	1,696	36.8	4	-	4	7.5
25-29	565	338	903	19.6	5	4	9	17.0
30-39	480	173	653	14.2	16	3	19	35.8
40-49	171	48	219	4.8	2	2	4	7.6
50-59	54	12	66	1.4	2	2	4	7.6
60+	30	3	33	.7	3	9	12	22.6
UNKNOWN	7	2	9	.2	-	1	1	1.9
TOTAL	2,575	2,033	4,608	100	32	21	53	100

TABLE 4
ACTIVE TUBERCULOSIS CASES
BY TYPE - 1982 AND 1981 TOTALS

TYPE OF DISEASE	WHITE	TREATY INDIANS	OTHER	TOTAL
NEW ACTIVE CASES				
PRIMARY	2 (1)	11 (4)	- -	13 (5)
PULMONARY	37 (34)	25 (23)	19 (14)	81 (71)
OTHER RESPIRATORY	3 (2)	5 (2)	1 (1)	9 (5)
NON-RESPIRATORY	9 (6)	9 (7)	14 (10)	32 (23)
TOTAL	51 (43)	50 (36)	34 (25)	135 (104)
RE-ACTIVATED CASES				
PULMONARY	8 (8)	6 (4)	5 (5)	19 (17)
OTHER RESPIRATORY	1 -	- -	- -	1 -
NON-RESPIRATORY	2 (2)	- -	- -	2 (2)
TOTAL	11 (10)	6 (4)	5 (5)	22 (19)
GRAND TOTAL (1982)	62 (53)	56 (40)	39 (30)	157 (123)
GRAND TOTAL (1981)	72 (58)	39 (29)	43 (34)	154 (121)

Note: Figures in parentheses refer to bacillary cases.

TABLE 5
DRUG DISPENSING PROGRAM
1979 TO 1982

PURPOSE OF DRUG	NUMBER OF PATIENTS ON ACTIVE LIST AT YEAR END				NUMBER OF NEW PATIENTS REGISTERED DURING YEAR			
	1979	1980	1981	1982	1979	1980	1981	1982
RHEUMATIC HEART DISEASE PREVENTION	1,005	889	829	779	65	67	48	6
DIABETES TREATMENT	571	549	419	409	7	1	11	14
LIVE SAVING	428	453	442	450	26	48	37	46

TABLE 1

MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM SERVICES PROVIDED - 1980 TO 1982

	REGISTERED PATIENTS		
	1980	1981	1982
Equipment	10,465	13,050	15,226
Home Care Supplies	159	216	278
Ostomy	1,280	1,324	1,345
Respiratory Support Systems	31	45	64
Social Allowances	132	124	122
Wheelchairs — standard	3,457	3,521	3,700
— motorized	112	131	154
TOTAL PATIENTS	15,636	18,411	20,889
	PATIENT SERVICES		
Equipment	24,339	24,568	24,313
Home Care Supplies	9,842	9,993	9,976
Ostomy	11,710	12,469	11,351
Respiratory Support Systems	173	162	165
Social Allowances	1,130	1,010	1,175
TOTAL	47,194	48,202	46,980
SERVICES TO OTHER PROGRAMS			
Intra-Uterine Devices	310	502	362
Family Planning	252	133	74
Health Units	614	631	502
Venereal Disease	1,048	920	570
TOTAL	2,224	2,186	1,508
TOTAL SERVICES	49,418	50,388	48,488

TABLE 1
OFFICE OF HEARING CONSERVATION SCREENINGS, REFERRALS AND ASSESSMENTS BY REGION[1] - JULY 1, 1981 TO JUNE 30, 1982

REGION	PRE-SCHOOL CHILDREN		SCHOOL CHILDREN[3]				ADULTS[4]	
	REFERRED FOR AUDIOLOGICAL ASSESSMENT	CONFIRMED HEARING LOSS	TOTAL NUMBER SCREENED	REFERRED FOR AUDIOLOGICAL ASSESSMENT	CONFIRMED HEARING LOSS		REFERRED FOR AUDIOLOGICAL ASSESSMENT	CONFIRMED HEARING LOSS
					CHLD.	EARS		
CENTRAL[2]	NO DATA		6,350	552	45	241	NO DATA	
EASTMAN	86	27	7,950	606	154		563	198
INTERLAKE	11	3	3,953	96	59		191	159
NORMAN	276	119	3,507	1,041	474		181	144
PARKLAND	62	22	5,567	844	317		653	565
THOMPSON	83	35	4,356	778	186		263	224
WESTMAN	1,125	364	11,214	2,017	226	764	622	538
TOTAL	1,643	570	42,897	5,934	1,461	1,005	2,473	1,828

1 Winnipeg Region not included in this program

2 Staff vacancy - school screening program results only

3 Grades K-3, 6, 9, 12 and Special Referrals

4 Including Geriatric and Industrial

TABLE 1
HOME ECONOMICS PROGRAM
NUMBER OF PEOPLE PROVIDED WITH SERVICES
BY PROGRAM AND TYPE - 1982

PROGRAM	TYPE OF SERVICE			
	INDIVIDUAL	GROUP WORK	TRG. & CONSULTATION	TOTAL
NUTRITION	13,428	14,640	2,821	30,889
MONEY MGT.	1,038	3,472	359	4,869
CLOTHING	1,746	2,352	495	4,593
HOUSING	1,520	1,064	299	2,883
4-H[1]	2,566	9,505	1,273	13,344
SPECIAL GROUPS[2]	292	1,051	267	1,610
OTHER	4,866	7,588	687	13,141
TOTAL[3]	22,598	29,116	4,661	56,375

1 Youth leadership and skill development program in regions outside Winnipeg.

2 Include mentally retarded, physically handicapped, post-mentally ill and socially disadvantaged (such as the natives, immigrants and refugees) people.

3 Excludes 4-H and Special Group participants who are counted under the various program areas as indicated.

TABLE 2
HOME ECONOMICS PROGRAM
NUMBER OF PEOPLE PROVIDED WITH SERVICES
BY PROGRAM/CATEGORY AND REGION[1] - 1982

PROGRAM/CATEGORY	CENTRAL	EAST-MAN	INTER-LAKE	NORMAN	NORTH-WEST	SOUTH-WEST	THOMP-SON	WINNI-PEG	TOTAL[5]
NUTRITION									
Pregnant women	298	213	237	194	216	326	180	1,675	3,386
Infant	680	246	35	200	60	619	65	1,169	3,202
Preschool	240	351	44	130	219	218	107	1,125	2,619
School Age	738	667	64	401	787	556	297	1,169	5,039
Family	365	647	742	623	131	229	244	738	4,151
Food Prep. & Pres.	1,450	929	1,132	365	605	2,714	177	65	7,688
Other	565	951	479	310	320	803	189	808	4,804
MONEY MANAGEMENT									
General	387	373	271	151	194	276	184	760	2,620
Debt & Financial Counselling	20	6	8	23	47	36	36	146	372
Farm Families	259	6	88	-	315	73	-	-	747
Premarriage	47	9	3	19	10	7	-	673	772
Other	93	17	45	62	10	44	-	80	358
CLOTHING	1,465	242	514	40	581	1,197	21	62	4,593
HOUSING									
Energy Conservation	190	33	53	6	38	69	1	8	583
Maintenance & Improvement	118	8	83	33	56	134	19	2	536
Other	435	270	120	6	233	295	-	9	1,764
4-H[2]	4,904	1,539	1,152	323	2,578	2,046	770	3	13,344
SPECIAL GROUPS[3]	77	1	16	387	75	31	141	869	1,610
OTHER	4,017	688	2,102	270	2,020	1,672	2,169	200	13,141
TOTAL[4]	11,367	5,656	6,020	2,833	5,842	9,268	3,689	8,689	56,375

1 Home Economics regions are identical with the Department of Agriculture regions.

2 Youth leadership and skill development program in regions outside Winnipeg.

3 Include mentally retarded, physically handicapped, post mentally ill and socially disadvantaged (such as the natives, immigrants and refugees) people.

4 Excludes 4-H and Special Group participants who are counted under the various program areas as indicated.

5 Includes direct delivery provided by the Directorate.

TABLE 1
DENTAL SERVICES: NUMBER OF CHILDREN ELIGIBLE, TREATED AND PERCENT UTILIZATION BY YEAR OF BIRTH - JULY 1981 TO JUNE 1982

YEAR OF BIRTH	MANITOBA CHILDREN'S DENTAL PROGRAM		
	ELIGIBLE	TREATED	% UTILIZATION
1969	2,507	1,958	78
1970	2,426	1,978	82
1971	2,531	2,147	85
1972	2,486	2,023	81
1973	2,334	1,980	85
1974	2,497	2,102	84
1975	2,420	1,959	81
OTHERS	209	187	89
TOTAL	17,410	14,334	82

TABLE 2
DENTAL SERVICES: NUMBER OF CHILDREN ELIGIBLE (BIRTH 1969-1975), TREATED AND PERCENT UTILIZATION BY REGION - JULY 1981 TO JUNE 1982

REGION	MANITOBA CHILDREN'S DENTAL PROGRAM		
	ELIGIBLE	TREATED	% UTILIZATION
CENTRAL	2,266	1,844	81
EASTMAN	3,529	2,701	77
INTERLAKE	2,475	2,035	82
PARKLAND/NORMAN	3,016	2,565	85
WESTMAN	5,915	5,002	85
TOTAL[1]	17,410	14,334	82

[1]The Total Eligible - 17,410 is arrived at when 209 children from "Other Age Groups is included.
The Total Treated - 14,334 is arrived at when 187 children from "Other Age Groups is included.

TABLE 3
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA CHILDRENS DENTAL PROGRAM JULY 1981 TO JUNE 1982 AND THE MANITOBA DENTAL ASSOCIATION PROGRAM - JANUARY TO SEPTEMBER 1982

SERVICES AND CODES	NUMBER OF SERVICES PROVIDED TO CHILDREN YEAR OF BIRTH														OTHER MCDP	MCDP REFERRAL TO MDA	TOTALS	
	1969		1970		1971		1972		1973		1974		1975					
	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3			MCDP	MDA 3
NUMBER OF CHILDREN TREATED	1,958	1,801	1,978	2,005	2,147	2,065	2,023	2,063	1,980	1,993	2,102	2,038	1,959	2,176	187	-	14,334	14,141
DIAGNOSTIC SERVICES																		
Examinations	2,712	2,637	2,843	2,555	3,091	2,602	3,321	2,589	2,924	2,505	3,220	2,585	3,670	3,254	219	205	22,205	18,727
Other diagnostic procedures 04400 and 04500	-	-	-	2	-	-	-	2	-	1	-	-	-	-	-	7	7	5
RADIOGRAPHS (1)																		
Periapicals	170	2,583	134	2,092	184	2,095	225	2,249	204	2,279	169	2,304	161	3,441	36	331	1,614	17,043
Occlusals	32	-	28	2	41	-	76	-	96	1	136	2	823	1	34	-	1,266	6
Bitewings	3,365	952	3,401	707	3,762	768	3,435	713	3,525	742	3,776	724	3,993	1,067	363	39	25,659	5,673
Panoramic	-	2	-	6	-	3	-	3	-	3	-	2	-	4	-	21	21	23
TOTAL	3,567	3,537	3,563	2,807	3,987	2,866	3,736	2,965	3,825	3,025	4,081	3,032	4,977	4,513	433	391	28,560	22,745
PREVENTION (2)																		
Prophylaxis 11100-11300	1,557	2,633	1,548	2,551	1,642	2,598	1,484	2,587	1,490	2,498	1,556	2,580	2,316	3,250	145	31	11,769	18,697
Topical Fluoride 12200-12500	1,128	2,633	1,086	2,551	1,165	2,598	1,044	2,587	1,097	2,498	1,208	2,580	1,988	3,250	84	44	8,844	18,697
Nut. Counselling and OHI 13100-13220	1,413	2,633	1,455	2,551	1,523	2,598	1,435	2,587	1,355	2,498	1,504	2,580	2,061	3,250	148	-	10,894	18,697
Other prev. serv. 13300-13700	26	22	24	16	41	32	41	57	61	104	84	101	35	97	17	21	350	429
Space Maintainers 15100-15401	-	20	-	15	-	35	-	50	-	97	-	140	-	211	-	482	482	568
Other ortho serv. 15500-60700	1	2	1	2	1	11	1	12	-	11	-	20	-	3	-	158	162	61

TABLE 3
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA CHILDRENS DENTAL PROGRAM JULY 1981 TO JUNE 1982 AND THE MANITOBA DENTAL ASSOCIATION PROGRAM - JANUARY TO SEPTEMBER 1982

SERVICES AND CODES	NUMBER OF SERVICES PROVIDED TO CHILDREN																	
	YEAR OF BIRTH																	
	1969		1970		1971		1972		1973		1974		1975		OTHER MCDP	MCDP RE FERRAL TO MDA	TOTALS	
	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3	MCDP	MDA 3			MCDP	MDA 3
RESTORATIONS																		
Amalgams 21101-21225	2,625	3,260	2,261	1,500	2,499	1,360	2,733	1,695	3,446	2,113	3,986	2,484	6,765	4,998	593	179	25,087	17,410
Retentive Pins 21301-21303	11	25	8	10	5	12	1	15	7	6	8	7	8	9	2	23	73	84
Composite 23101-23223	221	352	107	162	87	87	44	69	25	52	17	71	7	102	17	79	604	895
Crowns 27130-27710	17	36	37	9	96	31	159	70	254	140	380	218	1,041	692	50	49	2,083	1,196
Other rest. serv. 29100-29610	-	3	2	2	8	7	6	9	12	17	13	16	11	6	2	9	63	60
TOTAL	2,874	3,676	2,415	1,683	2,695	1,497	2,943	1,858	3,744	2,328	4,404	2,796	7,832	5,807	664	339	27,910	19,645
PULP THERAPY																		
Pulp Cap 31100-31110	28	22	21	10	10	8	7	12	11	7	10	20	8	22	2	2	99	101
Puloptomy 32201-32212,39901-39909	5	19	10	4	45	24	76	53	117	99	173	151	729	502	38	34	1,227	852
Other Serv. 33100-33501,39910-39960, 34100-34201	-	25	-	12	-	8	-	10	-	5	-	1	-	1	-	48	48	62
Periodontal Procee-dures 41200-43400	-	10	-	3	-	3	-	-	-	2	-	-	-	-	-	-	-	18
Prosthodontics 52120-55539	-	1	-	-	-	-	-	2	-	-	-	1	-	-	-	5	5	4
SURGICAL PROCEDURES																		
Extractions 71101-72320	222	638	366	613	518	645	380	624	378	650	12	703	725	910	53	300	2,954	4,783
Other surgical procedures 72410-79400	-	8	-	2	-	-	-	2	4	1	-	-	6	-	2	-	12	13
Adjunctive Services	-	-	1	-	4	-	4	1	2	1	-	1	1	1	-	18	30	4

1 Radiographs indicate single films ie. 02112 = 2 films
2 Prophy and fluoride for MDA taken as MDA package figures.
3 MDA treatment January - September 1982

TABLE 4
DENTAL SERVICES: PREVENTIVE DENTAL PUBLIC HEALTH SERVICES[1]
PROVIDED OUTSIDE THE MANITOBA CHILDREN'S DENTAL PROGRAM
JULY 1981 TO JUNE 1982

SERVICES	NUMBER OF SCHOOLS		APPROXIMATE NUMBER OF CHILDREN	
	APPROACHED	PARTICIPATING	ELIGIBLE	PARTICIPATING
DAILY SCHOOL CLASSROOM BRUSHINGS	277	151	21,484	7,699
HEALTH EDUCATION	343	319	39,484	33,673
WEEKLY SCHOOL FLUORIDE RINSE PROGRAM	335	333	42,102	37,246

[1] Other public health/preventive programs organized on a regional basis included Services to Senior Citizens, Centres for the Mentally Retarded and Day Care Centres. Activities also included involvement in pre/post natal classes, career days, educational displays, parent meetings, pre-school interviews and educational seminars, Dental Health Services staff were also actively involved in Dental Health Month.

TABLE 1
MAXIMUM NUMBER OF PERSONS RECEIVING CO-ORDINATED HOME CARE SERVICES [1]
BY REGION, JANUARY TO DECEMBER, 1982

REGION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
CENTRAL	505	517	523	537	561	596	813	646	776	657	649	643
EASTMAN	516	521	525	528	510	525	520	520	540	545	554	584
INTERLAKE	650	651	675	684	685	700	717	642	715	721	713	706
NORMAN	255	257	265	264	272	273	278	271	258	270	291	286
PARKLAND	559	557	553	548	561	565	587	572	589	589	601	593
THOMPSON	58	60	65	66	65	71	65	65	69	70	72	79
WESTMAN	1,443	1,429	1,443	1,450	1,437	1,443	1,422	1,450	1,466	1,456	1,408	1,313
WINNIPEG	6,412	6,579	6,767	6,844	6,810	6,921	6,937	6,964	7,117	7,268	7,336	7,367
TOTAL	10,398	10,571	10,816	10,921	10,901	11,094	11,339	11,130	11,530	11,576	11,624	11,571

[1] The maximum number of persons receiving home care during a month is greater than at month end, as admissions exceed discharges.

TABLE 2
HOME CARE PROGRAM CASELOAD MOVEMENT BY AGE GROUP
JANUARY 1 TO DECEMBER 31, 1982

CASELOAD	AGE 0-18	AGE 19-64	AGE 65+	TOTAL
AT BEGINNING OF JANUARY	307	1,868	7,477	9,652
ADMISSIONS	243	2,266	7,178	9,687
DISCHARGES	282	1,998	6,417	8,697
AT END OF DECEMBER[1]	268	2,047	8,331	10,646

[1] Year end count does not balance due to age reclassification by some regions and a delay in reporting transfers in.

TABLE 3
HOME CARE PROGRAM: AVERAGE MONTHLY NUMBER OF PERSONS
RECEIVING SELECTED SERVICES[1] BY CATEGORY
JANUARY TO DECEMBER, 1979 TO 1982

SERVICE [2]	AVERAGE MONTHLY NUMBER OF PERSONS			
	1979	1980	1981	1982
NURSING SERVICE [3]	3,075	3,329	3,330	3,587
AUXILIARY SERVICE [4]	1,111	1,280	1,733	2,089
THERAPY SERVICES [5]	294	272	281	309
HOME HELP SERVICE [6]	4,396	5,192	5,865	6,518

1 In addition, Home Care Services include health supervision, health education, health counselling, social service counselling, as well as volunteer services such as shopping, friendly visiting and daily telephone reassurance.

2 An individual can receive more than one category of service.

3 Professional registered nursing services provided in the home.

4 Services provided by L.P.N.'s, aides and orderlies.

5 Includes occupational and physiotherapy services.

6 Includes household duties and/or personal care.

Note: These statistics only include paid services and exclude services performed by Public Health Nursing, Social Workers and other Departmental Staff.

TABLE 4
NUMBER OF PERSONS ON THE WAITING LIST FOR PERSONAL CARE HOMES
AT THE END OF DECEMBER 1979 TO 1982

	1979	1980	1981	1982
TOTAL RURAL AREA	1,036	1,079	893	717
WINNIPEG	892	711	519	727
TOTAL	1,928	1,790	1,412	1,444

TABLE 5
PERCENTAGE OF PERSONS ON WAITING LIST RECEIVING HOME CARE PENDING
PLACEMENT, DECEMBER 1979 TO 1982

	1979	1980	1981	1982
TOTAL RURAL AREA	35.6	36.3	36.2	36.7
WINNIPEG	40.4	27.0	16.4	49.0
TOTAL	37.8	32.6	28.9	42.9